

# Aging in Place

planning for the 21st century



# *Aging in Place* *planning for the 21st century*

Proceedings of a housing and planning conference  
for an aging population

held on November 6–7, 1997

SFU at Harbour Centre, Vancouver, British Columbia, Canada

Presented by Simon Fraser University  
Gerontology Research Centre

Edited by  
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# PREFACE

by Mary Ann Clarke Scott, MAIBC, Conference Chair

## The Context

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Aging. It has become a household word. The fact that our society is aging is well-known. Suddenly everyone is reading books on demographic changes in our society, their economic implications, effect on pensions, health care, housing. We know that in BC, the population 65 years and over will increase to over 14% by 2011. By then there will be almost 700,000 people over the age of 65 in BC, and ever increasing proportions of these will be aged 80 and over. The implications of these demographic changes on the housing market, health care system and fabric of our communities will be profound. Aging affects all of us: our communities, our families, ourselves. Some of us are affected more immediately and intimately than others.

While baby boomers, born between the 1947 and 1963, are the largest group to move into old age, and are therefore most noticeable, they are not the first or only to do so. Many boomers are now experiencing the aging of their parents, and have a heightened awareness of issues. They will take these experiences with them as they prepare for their own old age. Each age cohort has its own unique experiences and needs. The life history and circumstances of people currently in their eighties are very different from those of seventy or sixty-year-olds. It should not be assumed that because a certain segment of seniors are affluent, that this is universal; many live at or below the poverty line.

How we respond to this array of needs and preferences will depend on whether we acknowledge that these differences exist, and that the elderly should enjoy the same rights as other citizens. Drawing lines between age groups in order to preserve individual interests serves no member of society well. Our whole society is aging, and how we respond to it collectively will be recorded in the history books. Will we discriminate on the basis of age, and segregate age groups, or embrace our differences, plan our communities and manage our resources in ways that value all members of society?

It is estimated that 50,000 new, appropriate housing units will be required in Canada per year over the next 35 years. This represents an increase from about 1% to about 35% of the total new units built per year. The projected numbers and proportions of 55+ and 65+ year olds in our society in the next few decades forces the question of whether such a large portion of the population can be segregated from the remainder in specially designed and built housing facilities linked to health care and supportive services, or whether we must also conscientiously re-think the form and nature of our communities to better accommodate and support this aging population.

The phrase "Aging in Place" is often heard. This means different things to different people, and its meaning evolves over time. It can mean aging and dying in a "multi-level care facility". It can mean aging in a single housing project or continuum-of-care "campus" where increasing support is provided as one's needs change. It has also been interpreted as remaining in one's home, in a familiar neighbourhood. Seniors housing policy analyst, Jon Pynoos adds that "The concept encompasses individual aging, implying changing needs over time... Thus it is a dynamic concept that implies aging of both inhabitant and residential setting, which requires periodic reassessment of the adaptive fit of each to the other."<sup>2</sup>

Construction of new housing units provides only a small percentage of the units required to meet the housing needs of the country. Therefore it will be important to maintain and upgrade existing housing to prevent losses from the housing inventory. "Reinvestment activity which creates more units or which extends the life of existing units enhances the neighbourhoods in which the units are located, creating value and providing an economic rationale for the type of housing assistance that is intrinsic to the option of 'staying put.'"<sup>3</sup> Economist David Baxter concurs that the majority of our aging population, significantly the aging baby boom cohort, will continue to live in their own homes in the community for many years to come.<sup>4</sup> Many of the oldest age groups will continue to prefer living in low-maintenance apartments, and some will choose a variety of supportive, collective living options when and if these become available in their familiar neighbourhoods.

There is a further challenge facing each neighbourhood and community striving to accommodate and support an aging population. This is the need for an expanded range of supportive housing options that supplement independent living. Independent living is our society's ideal, and is the most commonly expressed desire of people as they get older. However, we do not live in an ideal world. Some of us will not be able to, or may not choose to sustain total independence for a wide variety of reasons, including: health and mobility restrictions, economic constraints, the motivation to be mobile and unencumbered, the desire for companionship and mutual caring, the need for a more secure and supportive environment.

These changes and special needs should not preclude us from aging in place in our own neighbourhoods. It would be preferable that our neighbourhoods support these changes and choices of ours, and provide a range of supportive housing options in addition to the services that the community offers us in our traditional individual homes. When we reject alternative housing options such as granny flats, accessory apartments, group homes, home-sharing, living groups, sheltered housing, congregate care, Abbeyfield houses, and many more, in order to preserve the so-called integrity of our neighbourhoods as we inherited them, we are forced

to move away to find the supports we need when our own needs change, often to strange, inappropriate and expensive shelter and care settings. We are a predominantly urban society that must focus its energies on sustainable community-building. The age of homesteading is long past. The time has come for us to look responsibly to our collective future instead of nostalgically at our selective pasts.

Improvements, modifications and maintenance of a senior's home are not a complete picture in themselves. A living environment that does not pose significant barriers to staying put works hand-in-hand with the role of the larger community in facilitating aging in place. Health care and supportive services must be available and accessible to these expanded ranks of seniors aging independently in their homes and neighbourhoods.

Efforts to provide more effective health care for seniors in BC and elsewhere have led to current health-care reforms. There is, of course, a critical fiscal concern underlying these reforms. The cost of institutionalized nursing care and long term care of the elderly places heavy burdens on the public purse. These changes in practice combined with changes in philosophy about appropriate care and shelter have caused researchers, professionals, planners and governments to step back and re-assess the bigger picture. Questions concerning not only health care, but also continuing care of the elderly and disabled within the context of neighbourhoods and communities are in the forefront. This embraces issues and definitions of independent housing, supportive housing options and nursing care, in addition to transportation, support services and facilities providing health services, recreation, day centres and respite care, among many others.

These changes are not occurring in isolation. Communication technology, the nature of work, changing family structure, and restructuring of the health care system are just a few of the important variables that add complexity to our understanding of the aging phenomenon and its impact on the built environment. How do we change the way we design housing and neighbourhoods in this context? What knowledge, tools and policies can we draw upon to collectively address these issues? Collectively we must act now to plan for tomorrow's changes. In doing so, we may find that we create safer, healthier and more livable housing and communities for everyone in the new millennium.

Traditionally, introducing changes and encouraging cooperation between different jurisdictions has been difficult. Pynoos says "political and financial barriers give rise to organizational barriers, which include service system fragmentation, poor coordination, gaps in needed services and supportive housing, and biases leading to inappropriate or conflicting results." An interdisciplinary and multi-jurisdictional approach to planning attempts to bring together the key participants, decision-makers and problem-solvers as part of the



effort necessary to address planning of housing and services for the elderly and others in the community. Current trends and visions for the future require that we take a closer look at means of providing housing for aging-in-place together with support services, health care and transportation, in the context of our existing neighbourhoods and communities. Important in achieving these goals will be public education and awareness as well as cross-fertilization of ideas between disciplines, sectors and jurisdictions.

Planning Professor Alan Artibise points out that "the spirit of NIMBYism<sub>6</sub> is in fact alive and well ... unless there is a rapid and radical shift in political leadership - at all levels, provincial, regional, and local - the built environment will not be formed, or reformed, along sustainable lines."<sup>7</sup> In an economic context that is increasingly global, we have become alienated from our neighbours, from our local social context. Through modern communication media, we come increasingly to identify with others in our age cohort and socio-economic class, and less with the mix of people with whom we live. Stigma associated with aging, ill-health and death keep us from identifying with the elderly in our society. Denial of our own aging pits families against empty-nesters, the young-old against the old-old, teenagers against their grandparents.

What is needed from all concerned is a commitment towards working together within communities to solve problems posed by physical, social, economic, legal or political barriers to change. Some ways to accommodate this degree of change might involve citizen working groups, united advocacy groups, municipal and regional committees, and public, bureaucrat and professional educational programs to disseminate these ideas and proposals for implementation. Beyond education, however, the spirit of community and cooperation can be cultivated to overcome these immense barriers.

Community building requires collective involvement. Not governments, business, nor even the non-profit/service sector can be relied upon alone to satisfactorily meet all of our collective needs. Both the issues and the solutions are more complex now than ever before, and require cooperation and synergy between all players.

## THE CONFERENCE

Towards this end, a conference was hosted by the Gerontology Research Centre at Simon Fraser University at Harbour Centre in Vancouver, BC on November 6 & 7, 1997. It brought these players together in a forum for ideas and debate.

**"Aging in Place: Planning for the 21st Century"** was a conference about housing, but also about planning for an aging society in the public domain. It was a conference about sustainable community-building. The day-and-a-half long event included two keynote speakers. It was a pleasure and a privilege to welcome Dr. Jon Pynoos on Thursday evening, and drs. Adrian Raaijmakers on Friday morning. These inspiring introductory presentations were followed by nine concurrent moderated panel sessions.

These proceedings follow the format of the conference, with the first two chapters dedicated to the keynote speakers, and the remaining nine encompassing the panel sessions. Keynote speaker Dr. Jon Pynoos from the University of Southern California identified problems and potential solutions to public policy and the concept of aging in place. As conference organizer, I could not have asked for a more thoughtful or thorough introduction to the issues this conference was designed to address. Special Guest Adrian Raaijmakers from the vrije Universiteit Amsterdam shared goals, strategies and outcomes from Dutch planning initiatives that serve as a model for Canadians who are awakening to the complexity and importance of planning sustainable and supportive communities for aging populations. These two distinguished speakers provided the foundation and the point of departure for both panelists and delegates as they dispersed to tackle more specific questions and issues in the panel sessions.

The conference looked at new standards in housing design, innovations to provide supportive living, new methods of strategic planning and visions for the future. Specific themes of the conference which were addressed by multi-disciplinary and inter-jurisdictional expert-panelists included: innovative and supportive models of housing for the elderly, a look at healthy, sustainable communities, the role of the private development industry in providing supportive shelter for the aging population, strategic environmental planning issues and methods, housing policy and the politics of change, design issues affecting housing for the aging, neighbourhood and community politics affecting the introduction of special housing for the elderly, issues around the adaptation of older, unsupportive seniors' housing, and trends in the building industry which are attempting to respond to this changing context.

Each of these sessions, with topics relating to the overall conference theme of aging and planning, involved several speakers, each an expert in their own way from the community, each from a different discipline or walk of life. Sessions were moderated by yet another expert who was able to introduce the theme and tie together the varying perspectives of the presenters. After the presentations, conference delegates engaged in stimulating and lively question, answer and discussion periods. Graduate students and young professionals from various disciplines, ranging from urban planning, building technology and architecture to gerontology, were our "rapporteurs." They attempted to capture and then generate summary essays integrating the information and views presented by the panelists and the audience.

The conference provided a venue to explore and discuss issues, ideas and methods designed to address the pressing need to house and care for the growing aging population in our communities in an appropriate way. Efforts to provide more efficient, effective health care for seniors in BC and elsewhere within the context of current healthcare reforms, the fiscal restraints which severely restrict new subsidized housing and care facilities which governments are able to provide, and the consequent shift toward private and not-for-profit sectors' involvement in the provision of special and supportive housing options, raise our awareness of the fragmentation of the systems by which we have addressed these needs in the past.

The problem of coordination in the delivery of housing, health care and services for the aged needs to be addressed if we expect to create and maintain livable communities in the years to come. The issues of jurisdiction and regulation, codes and standards must also be resolved, and quickly, to meet the wave of innovation underway. The interdisciplinary and multi-jurisdictional approach to the conference brought together key participants, decision-makers, problem-solvers and consumers as part of the effort to address housing and care for the elderly and others in the community.

Important goals of the conference included public education, cross-fertilization of ideas between industries, disciplines and jurisdictions, exploration of specific problem-solving skills and methods, and a commitment towards working together within neighbourhoods and communities to solve problems posed by physical, social, economic and legal barriers to change. Those that attended were not disappointed. A wealth of information and experience was presented, along with encouragement, passion and vision. Many of the presenters noted that these complex problems require not just quick fixes, but rather more fundamental systemic and attitudinal changes. This is food for thought. It is hoped that the presentations and discussions documented here reveal the means of providing appropriate housing for aging-in-place together with support services, health care

and transportation, in the context of our existing neighbourhoods and communities. We have at least been pointed in the right direction. These proceedings will hopefully renew and broaden the discussions that took place even further.

Mary Ann Clarke Scott  
September 1999

**Notes:**

1. Gutman, G.M. et. Al. (1995) Fact Book on Aging in British Columbia, 2nd Edition, Gerontology Research Centre, SFU @ Harbour Centre: Vancouver, BC.
2. Pynoos, J. (1990) "Public Policy and Aging in Place: Identifying the Problems and Potential Solutions," in D. Tilson (ed.) Aging in place: Supporting the frail elderly in residential environments. Scott Foresman and Co: Chicago, IL.
3. Blackie, N. (1986) "The Option of Staying Put," in G. M. Gutman & N. Blackie (eds.) Aging in place, Gerontology Research Centre, SFU: Burnaby, BC.
4. Baxter, D. (1997) presentation to Canada Forum in Vancouver, October 16, 1997. Urban Futures: Vancouver, BC.
5. Pynoos, J. (1990) "Public policy and aging in place: Identifying the problems and potential solutions," in D. Tilson (ed.) Aging in place: Supporting the frail elderly in residential environments. Scott Foresman and Co: Chicago, IL.
6. NIMBY= "Not in My Back Yard"
7. Artibise, A. (1994) "British Columbia: Good ideas gathering dust," in Cascadia Forum, Vol.1, No.2, May 1994, p.63.

Mary Ann Clarke Scott, BA, BEDS, M. Arch. MAIBC has accumulated twelve years of professional experience in Architectural and Planning practice, and is a registered architect in BC. She was appointed in 1994 to the Real Estate Foundation of BC endowed position of Research Fellow in Environmental Gerontology at the Gerontology Research Centre at Simon Fraser University where she developed a program of research in environments for aging and disabled populations, and consulted to the development, design and health care communities. She has been in private practice since 1992, and is principal of the firm Generations: Architecture Planning Research based in West Vancouver, BC. Her objective is to act as a resource to facilitate education, innovation and improved design in the development of environments for the elderly, and to support sustainable, inclusive communities for a diverse population.

# THE GERONTOLOGY RESEARCH CENTRE AT SIMON FRASER UNIVERSITY

The Gerontology Research Centre (GRC) was established in 1982. The associated Post-Baccalaureate Diploma Program commenced in 1983, the Masters Program in 1996 and the Minor Program in 1999. These programs serve as a focal point for education and research on aging and the aged and provide an information service to university scholars and the community.

## Research Interests

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The Gerontology Research Centre has earned international recognition for its applied research in the areas of:

**Aging and the Built Environment** – research on planning, design, development and evaluation of housing, care facilities, community environments and enabling technology.

**Prevention of Victimization and Exploitation of Older Persons** – research and development of programs to prevent financial, psychological, physical and sexual abuse of older people, and to facilitate access to rights and services.

**Health Promotion and Aging** – examination of determinants and consequences of population health, and to assist seniors in improving their mental and physical health, cope with chronic illness, and prevent disability.

**Changing Demography and Lifestyles** – impact of changes in the timing of life events such as marriage, birth of first and last child, youth transitions, retirement, pensions and income support issues.

**Older Adult Education** – research and strategies supporting leadership, mental fitness, lifelong learning, volunteerism.

The Centre provides consultation and technical assistance to academic, government, public and private organizations and is an active member of two inter-university research consortia. The first is the BC Consortium for Health Promotion Research which links the Centre with the Institute for Health Promotion Research at the University of British Columbia and with researchers from the faculty of Human and Social Development at the University of Victoria. The second is the BC Consortium for the Canadian Study of Health and Aging. Partners include SFU Gerontology, the Division of Geriatric Medicine at the

University of British Columbia, the Centre on Aging at the University of Victoria and the Mental Health Division of the Ministry of Health.

## **Information Services**

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The Centre houses the Imperial Oil Gerontology Research Collection, a specialized collection of gerontology materials, and serves as a clearing house for information. A full range of reference services are provided to faculty, students, researchers, service providers and the general public. These include computerized literature searches, current awareness profiles and selected bibliographies.

The Centre maintains an active publications program to promote utilization of existing knowledge. Centre publications include books, technical reports and two regular newsletters: the GRC News, which reports on the Centre's current research and education activities, and the Senior's Housing Update, which highlights new developments in senior's housing.

### ***Teaching Programs***

SFU offers a minor, a post-baccalaureate Diploma (PBD) and a Masters degree (MA) in Gerontology. The PBD program, established in 1983, is one of the oldest and most respected in Canada. The MA Program commenced in Fall 1996. Opportunities also exist for doctoral study (Ph.D.) under special arrangements.

### ***Conferences and Workshops***

The Centre sponsors conferences and workshops including the annual John K. Friesen Lecture Series and an annual Housing Conference, including the Aging in Place: Planning for the 20th Century in 1997.

### ***GRC Lecture Series***

These are a series of free lectures presented by the Gerontology Research Centre and Program.

### ***17th World Congress of Gerontology (July 1-6, 2001)***

The Centre will serve as Secretariat for this quadrennial meeting of the International Association of Gerontology which will take place in Vancouver in July 2001. Hosted by the Canadian Association on Gerontology, it is estimated that some 5000 researchers, scholars and professionals from around the world will attend this conference to further gerontological developments on a global scale.



## ACKNOWLEDGMENTS

The editor, on behalf of the Gerontology Research Centre at Simon Fraser University, would like to thank all those who helped to make both the conference and these proceedings possible.

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A special thanks goes to the many presenters, moderators, rapporteurs who participated, and all the staff and volunteers who helped out before and during the conference event.

Thank you to Katherine Taylor for assistance with transcriptions and formatting of the proceedings document.

# Chapter 1

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## KEYNOTE ADDRESS - JON PYNOOS

Jon Pynoos, National Long-Term Care Policy & Research Center For Housing and Supportive Services, Andrus Gerontology Center at the University of Southern California.

Jon Pynoos is the director of the National Eldercare Institute on Housing and Supportive Services in the United States. He is also the Director of the Division of Policy and Services Research of the Andrus Gerontology Center at the University of Southern California. He also holds joint appointments with the School of Urban and Regional Planning and the Leonard Davis School of Gerontology where he is the UPS Foundation associate professor of Gerontology Public Policy and Urban Planning. Dr. Pynoos is a fellow of the John Simon Guggenheim Memorial Foundation and the Fulbright Council for International Exchange of Scholars. He is the author of several books on elderly housing policy. Dr. Pynoos is a graduate of Harvard University where he earned a BA in economics (*magna cum laude*), a master's degree in City Planning from the School of Design, and a Ph.D. in Urban and Regional Planning.

## Public policy and aging in place: identifying the problems and potential solutions.

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Aging in place is at the heart of public policy and social policy. It is an idea whose time has come. The term was coined in early 1980s, and the concept is now gaining wide support for four key reasons:

First, it is common knowledge that the fastest growing part of elderly population is those over 75 and in their 80's and 90's. This population has needs for services and a supportive physical environment to help cope with decreased abilities related to chronic conditions such as arthritis, heart disease, vision problems and memory deficiencies which often necessitate a different kind of environment than the one we grew up in. We have very few solutions.

Second: the cost of developing new construction. It is sometimes less expensive to support someone in their current residence than to move them to something new or to build new housing.

Third: the expense of housing older persons in nursing homes. Governments are looking for less costly alternatives.

Fourth, and most important: there is increasing recognition that older persons express a strong preference for aging in place and continuity in their living arrangements. For example, an AARP (American Association of Retired Persons) survey found that 80% of respondents aged 55 and above agreed with the statement "what I would really like to do is stay in my own home and never move." The oldest respondents were most likely to prefer to age in place. Such a strong attachment is understandable when length of tenure and housing satisfaction are taken into account. In 1990/91 in the United States 35% of elderly homeowners had lived in their dwellings for over 30 years. Among renters, about 16% of elderly households had lived in their dwelling for over 20 years. About two thirds of respondents to surveys recorded themselves as very satisfied with their houses and neighbourhoods. For most older persons, housing represents security, proximity to friends and services, and memories of where they raised their families. Seven out of ten respondents thought they would be able to achieve their goal of staying their current dwelling units. When older persons consider moving, they indicate very strong preferences for living in residential type settings. For example, when the same survey asked respondents where they would prefer to live if they had to move, 69% said they would prefer to live in a care facility, 31% said with family or friends. Among those responding care facilities, older people strongly preferred small homes providing care to a few people such as Abbeyfield Houses, or apartment buildings with services. Less than 10% chose a nursing home.

In another recent study conducted by UCLA School of Medicine, one third of very chronically ill older persons indicated they would rather die than move to a nursing home. Older persons, families and professionals agree that the nursing home, with its lack of privacy and highly structured medical environment should primarily serve rehabilitation and transitional needs rather than long term care residential needs. Driven by the high cost of nursing home care and the preference of older people to live in residential settings, there is a clear need to develop a range of housing options with supportive physical features and service linkages.

Given these forces, why has it been so difficult to engineer policies that support aging-in-place? What can be done to better promote aging in place? This evening I would like to address three issues.

First, the problems that have stood in the way of a more coherent aging in place policy and program.

Second, some practical solutions that might be employed to improve the situation.

Third, overall policy shifts that will move us in the right direction.

In most countries aging in place is not embodied in legislation. It is a relatively new, complex concept, that has not yet been well articulated. Aging in place includes aging of both the resident and the dwelling unit. There is a need for a reassessment of the fit of each to the other over time. Typically, the premise is that residents' needs are changing but housing and community have been static. Housing and services are the key. Aging in place policy is emerging to support the desire of older people to remain in their housing as long as possible. Policy areas must include housing, long term care, social services, and transportation.

There are a number of political, organizational, and financial barriers to enacting aging in place policies, including different government entities and levels of government, autonomy and program responsibilities, and different organizational cultures. Even the terms used by agencies illustrate a variety of perspectives. The health care system serves "patients", housing service providers have "residents" and "tenants", seniors are social security "recipients". Older people are not yet seen as "consumers".

The second problem is that housing agencies have not spent money on services nor focused on the suitability of housing over time.

The third constraint is that long term care policy is biased to institutional care. There is fragmentation of service delivery. Planners have not yet embraced the concept of life cycle communities, and aging in place is not on the overall policy agenda.

There are five areas where policy changes can make a difference.

1. Home Modifications
2. Multi-unit Apartments
3. Naturally Occurring Retirement Communities
4. New Housing Options
5. Life Cycle Communities and Universal Design

### ***Home Modifications***

Winston Churchill has said: "We shape our houses and afterwards they shape us." This is especially true of single family dwellings and apartments. Home modifications refer to adaptations to the physical environment to make it easier and safer to perform a variety of Activities of Daily Living. The availability of these features in existing housing can enhance independence, increase safety, reduce accidents, make caregiving easier, and increase accessibility in and out of units or dwellings. Home modifications can minimize the need for personal care services. If the home is accessible and has features, it can enhance individual's abilities.

Modifications range in cost from hundreds to thousands of dollars. Less than 10% of housing units have any type of modifications. The need for home modifications will increase dramatically in the next decade. A market place for these features is emerging.

There are barriers to home modification: a lack of information, and limited consumer awareness of both problems and solutions. Consequently older people often change their behaviour instead of the environment. Consumers do not know the possibilities of changing the environment. There is also stigma associated with changing the environment - for example, people may reject grab bars because of their institutional appearance. At this time, there is insufficient consumer demand to fuel the needed growth of providers who specialize in home modifications. A final barrier is limited funding for home modification, and an inadequate service delivery system for connecting those who need modifications with suppliers.

### ***What Can Government Do To Promote Home Modification?***

- Provide information to consumers and providers.
- Involve the private sector in creating displays of attractive products (for example, hardware stores and drug stores).
- Funding - better access to reimbursement for assessment and modification.
- Service delivery - cross train professionals and consumers on home assessment, inform builders in how to build in flexibility and supportive features, particularly when remodeling kitchens and bathrooms for young and middle age homeowners.
- Endorse the movement to certify specialists in home modifications.

### ***Multi-unit Apartments (Government Assisted Housing, Supportive Housing)***

Multi-unit apartments are a valuable and irreplaceable supply of housing for seniors, and a very successful form of affordable housing. These projects were intended to house independent older persons, who moved in their late 60's and early 70's. Now many of these tenants are in their late 80's and need assistance. This creates the opportunity to make housing supportive.

As an example, housing coordinators have been added to housing; their role has been to link services and supports and to act as the "glue" that holds services together, using existing community resources and developing new services as needed. An evaluation has indicated that this model is successful, with residents highly satisfied with services.

Another strategy is to retrofit buildings so that they are more accessible and can house facilities such as seniors centres, services, health clinics, exercise and recreation programs. Some buildings have converted a section for more frail older persons.\*

A third strategy is to tie buildings into the health and long term care system more systematically. For example, home health programs can be provided to groups of residents living in buildings, and staff can be assigned to clusters of residents instead of individuals in different buildings. An evaluation of this program in New York indicated service delivery cost savings, although residents were somewhat less satisfied because they received less time. Service houses in Scandinavia operate on a similar model with shared staffing who also provide assistance to older persons living in the wider community. A project in Maryland linked congregate housing and group homes with meals, personal care, and housekeeping. This site was not licensed.

The ongoing problem is the question of "who will pay for the services?" Even the service coordinator positions are facing funding cuts. HUD (Housing and Urban Development, USA) doesn't want to pay. Health programs don't want to target services to people in housing complexes. In order to succeed, there is a need for better co-operation.

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\* Editor's note: Canadian examples also exist for these approaches, eg. BC Housing has created a pilot project in its building Sunset Towers in Vancouver, BC where environmental modifications, staff, amenities and programs have been introduced. See Seniors Housing Update, SFU August 1999 for details.



### ***Naturally Occurring Retirement Communities***

Naturally occurring retirement communities (NORCs) are communities populated by large concentrations of the elderly. A 1992 survey found that 27% of the elderly lived in a building or neighbourhood where more than 50% of the residents were over the age of 60. These places are termed NORC's because they were not intentionally planned for older persons.

Because the buildings were not planned for an aging population, they lack an infrastructure of amenities, services, housing and facilities to adequately support aging in place. Some of these places are neighbourhoods in which a cohort of once younger persons has aged in place. Other settings include small rural towns from which younger persons have migrated. These settings offer potential economies of scale - they are ideal places to locate and cluster services, transit, and a range of housing types.

### ***New Housing Options***

The range of new housing options includes:

- Accessory apartments
- Eco-units, or granny flats (such as the Australian [or Canadian] pre-fab model)
- Shared housing, with 8 - 10 people living together, similar to the Abbeyfield model.
- Assisted living which provides a range of services to meet the needs of frail older persons.
- Small group settings for people with Alzheimer's disease which includes 24 hour staffed support and specially designed features.

There is a need for a range of housing to respond to different preferences and situations of older persons. Such residential housing options are key for persons who need more supervision, support and services than can easily be provided in their own home. There is especially a pent up demand for service enriched housing that emphasizes privacy, autonomy, and choice. Such settings themselves increasingly house persons with Alzheimer's' disease. These models offer an opportunity to impact the development of services - the greatest challenge is how to make it affordable.

### ***Life Cycle Communities and Universal Design***

Many of the physical problems that existing housing and neighbourhoods present for older persons would be eliminated if we intentionally planned supportive and flexible communities in the first place. There is a worldwide movement advocating adaptable housing and age sensitive communities, and encouraging universal design and life cycle housing. Key elements include:

- mixed use of housing
- higher densities in certain areas

- pedestrian orientation
- new forms of transportation
- new forms of housing
- new forms of technology

### **Conclusion**

How can we move toward a better world with more housing options? What general strategies will help us facilitate aging in place?

First, we need to shift the paradigm from the nursing home to housing and services. Frail older people who are cognitively or physically impaired but not in need of intensive nursing services can live in a variety of settings with supportive physical features and linkages to services, often at less cost to the government. Evidence for this approach can be found in Denmark and Sweden, both of which decided not to build more nursing homes and instead concentrate on residential alternatives and programs that help aging in place. The option of residential living is supported by the growth of new technologies and care systems that were unavailable a decade ago.

Second is to overcome domain problems among organizations. Aging in place requires co-ordination of policies and priorities from a number of agencies. This will be facilitated by task forces, inter-agency agreements, and overall agreement about the goal of aging in place. There are new stakeholders: younger persons with disabilities, and families with aging parents.

Third, there is need for comprehensive approaches that include a range of housing types. The preferences and resources of older persons and their families vary considerably as do the needs of particular communities. "One size does not fit all."

Fourth, policy and programs should address the needs of a diverse society. Existing housing and support models have not creatively responded to a population that is becoming more culturally diverse. Ethnic diversity will be increasingly important in the future, bringing with it, among some groups, a greater preference for family caregiving and living with aging relatives. Policy needs to promote housing models that are sensitive to ethnic and cultural preferences for extended family living.

Fifth, older persons should be viewed as consumers. Consumers can provide information about their preferences and, in turn, need to receive information about options.

Sixth, new models of housing are needed, that allow age integration, co-located with shops, recreation centers, daycares, seniors centres, and clinics. We should insulate, but not isolate older persons.

In conclusion, we have made important strides. After years of trial and error, residential solutions are at hand, and we can build upon them. We can create better housing and communities by developing policies that shift the paradigm from nursing homes to residential settings, as well as create new partnerships that involve the private and the public sector and among different agencies in the public sector. In support of aging in place, we need to take a comprehensive long range view, meet the needs of an increasingly diverse society, and emphasize consumer control and new models of housing. In the final analysis, aging in place is not just about housing or programs, but the value that society places on older persons themselves.

# Chapter 2

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## KEYNOTE ADDRESS - ADRIAN L.P. RAAIJMAKERS

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Adrian Raaijmakers studied Social Geography and Planning at the University of Nijmegen in The Netherlands. After graduating as a planner in 1987, he worked as a researcher, at the Research Institute for Housing and Urban Renewal at the Delft Technical University. His research emphasis was on the housing of elderly people. In 1995 he became senior researcher at the Institute for Applied Gerontology of the Vrije Universiteit Amsterdam, where he specializes in the administrative and environmental planning of housing and neighbourhood facilities for the elderly, both on the district and city level. Based on his research, he has developed RELEVANT, a Geographical Information System, which encompasses a strategic environmental planning methodology for the housing of the elderly. He is currently managing the development of a new version of this application for the municipality of Amsterdam. As well, he is involved as a researcher and consultant in several other projects in the field of gerontology.

# A Strategic-environmental planning methodology for housing of elderly

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## *Introduction*

During the last decade the housing of elderly people has been a matter of great concern in the Netherlands. This has resulted in a wide range of new independent forms of living and more tailor-made care and welfare services for the aged at home. The projects have contributed to an increase in number and variety of suitable dwellings and home care arrangements for senior citizens. Nevertheless these initiatives are characterized by a restricted and unsystematic approach. A coherent integral planning methodology on the local level is often lacking, in which the design of housing and services for the elderly people is put in a broader policy perspective. In order to promote such an integral approach a strategic environmental planning methodology was designed.

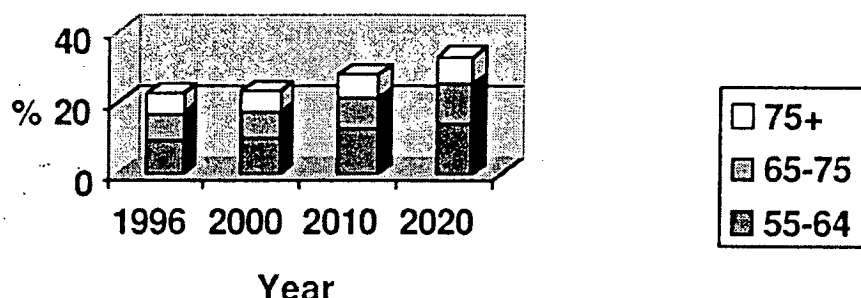
There are four main motives that give cause for the development of a strategic-environmental planning methodology in The Netherlands.

The first reason is the increasing number of senior citizens in the Netherlands, which will cause additional need for housing and services. Although the percentage of elderly in the Netherlands at this moment is lower than that in the neighbouring countries, this difference will disappear fairly rapidly. The changes are more in line with the developments in The United States and Canada. Between now and the year 2020, the number of senior citizens will rise by 2 million. In 1996 the number of elderly people was about 3.5 million, 23 % of the total population of 15.5 million people (CBS, 1996, 1). A population forecast, published in 1996 (CBS, 1996, 2) shows that the number of elderly people will rise to about 5.6 million in 2020. At that time, around 33% of the entire population will be in this age group.

Not only the number of elderly is increasing but also the number of elderly households. Between 1994 and 2020 the percentage of elderly households will rise by 13%. This means that of the total housing stock in The Netherlands 48% will be inhabited by a household head aged 55 year and older.

These demographic processes lead to a substantial additional need for the planning of housing and services for the aged. It is calculated by the Ministry of Housing, Environmental Planning and Management (Hooimeijer, P. 1997) that there is a need for about 3.5 million dwellings for older households in 2020. Compared to the year 1994 this means an increase of about 1.3 million dwellings: a rise of 57%.

## Demographic forecast of the elderly in The Netherlands



Secondly the governmental policy aiming at the substitution of care services brings about an extra demand for independent, suitable dwellings and additional services.

Since the beginning of the eighties this is the policy of the Department of Health and Welfare. The aim of the substitution policy is to replace relatively expensive and intensive care services, provided by institutions, by less expensive and more extensive home care. The dominant objective is to reduce and control the costs of health care. During the sixties and seventies the number of elderly in the nursing- and old-peoples homes grew drastically up to 12% of the people 65 years and older - one of the highest levels in Europe. For the future the government is aiming at replacing the "old-peoples" homes with sheltered housing or ordinary independent housing with home care arrangements. As a result of the substitution policy, the development of the capacity of the intramural accommodations has not kept pace with the increasing number of senior citizens. In 1995 about 9% of the elderly lived in an intramural institution. The existing capacity of old people's homes has been reduced. If this policy continues there is an additional need for independent housing in 2020 for about 54,000 dwellings (Hooimeijer, P. 1997). This extra demand adds to the already increasing demand as an effect of the demographic changes.

Thirdly the policy of the government supporting the elderly population to live independently for as many years as possible in their familiar environment broadens the subject matter and gives rise to coordination problems.

The general idea behind this objective, which was first formulated in the beginning of the eighties, is that a suitable housing and living environment for elderly persons will work preventatively and reduce or postpone the need for home care. This approach brings about a broadening of the perspective of the housing for elderly people. This means that the question of what accommodation is needed for old people is no longer primarily a question of what type of institution or dwelling has to be built. It is instead a question of how housing, welfare, care policies and policies concerning the every day life facilities should be combined.



Two key issues arise from this policy objective. One question is: Which additions to and adaptation of existing areas are necessary? Public security, physical barriers, the accessibility and quality of shops, public transport and green areas become items of growing importance. The other question is the development of appropriate forms of cooperation amongst the different providers and the consumers of the wide range of services. In the Netherlands the provision of housing, care and welfare services is split between many different public and private organizations. Each of these organizations also has separate funding arrangements. Furthermore, the geographical areas in which they operate often are not identical and they are managed at different levels. The problem of so many providers is that the services become inflexible, disjointed, inefficient and unclear.

Fourth, the national budget policy of the government aiming at economizing on subsidies for social housing and urban renewal implies more efficient and selective planning

The possibilities for the local authorities and housing associations to build new services and affordable new dwellings for older people are more limited because of this retrenchment policy. This gives cause for more efficient spending of the remaining subsidies. In this context fits considered and strategic physical planning of housing and services for senior citizens at the local planning level. This includes an environmental investment-strategy related to the locations that are the most suitable for aged people to reside.

Because of these developments, the planning of housing and services for senior citizens has changed drastically. On the one hand it has become a complex multi-dimensional issue. It is a matter of combining housing, welfare and care policies in an integral district-based perspective. This implies the design of planning processes to stimulate the cooperation between the different local providers and the consumers of services. On the other hand it has to become more selective, because of the restricted (public) means. This asks for a tactical environmental strategy. Which locations are the most interesting to design or adjust dwellings, to add services and to improve the housing environment for the aged?

#### *Context and main principles of the methodology*

The strategic-environmental planning methodology is one of the conceivable policy strategies that deal with the housing situation of elderly people in a systematic way. It is designed in order to improve the housing and living environment for people of 55 years and older. The main objective is to create opportunities for them to live independently in their familiar district. The premise is that this objective can be stimulated by a more systematic approach.

The methodology was designed in two pre-war districts of Amsterdam, *de Baarsjes* and *Rivierenbuurt* (Raaijmakers 1992, 1993 and Wind, 1992) and a post war district *Overvecht* in Utrecht (Raaijmakers, 1996). For these areas an integral

policy plan for the housing of the elderly people was developed. All three pilots were implemented in 'existing' districts in an urban context, which can be characterized by complex physical structures and policy processes.

The choice for a trial-and-error approach on the basis of pilot projects had to do with:

- The lack of theoretical and methodological concepts;
- The complexity of the planning assignment;
- The importance of developing this methodology in dialog with the elderly and the providers of housing, care and welfare services.

The pilots were initiated because there was a local need for the examination of the housing situation of the elderly and support in developing an integral policy plan for housing of the elderly. The projects were carried out and managed by research teams of scientific researchers and local civil servants on the basis of contract research. This implies that the central position of the researchers as agents of change is limited in time and that a local party has to take over this role at the end of the contract period. The municipality financed the projects. In two cases there was also an research subsidy from the National Government.

### *The basic principles*

The three main principles of the methodology are:

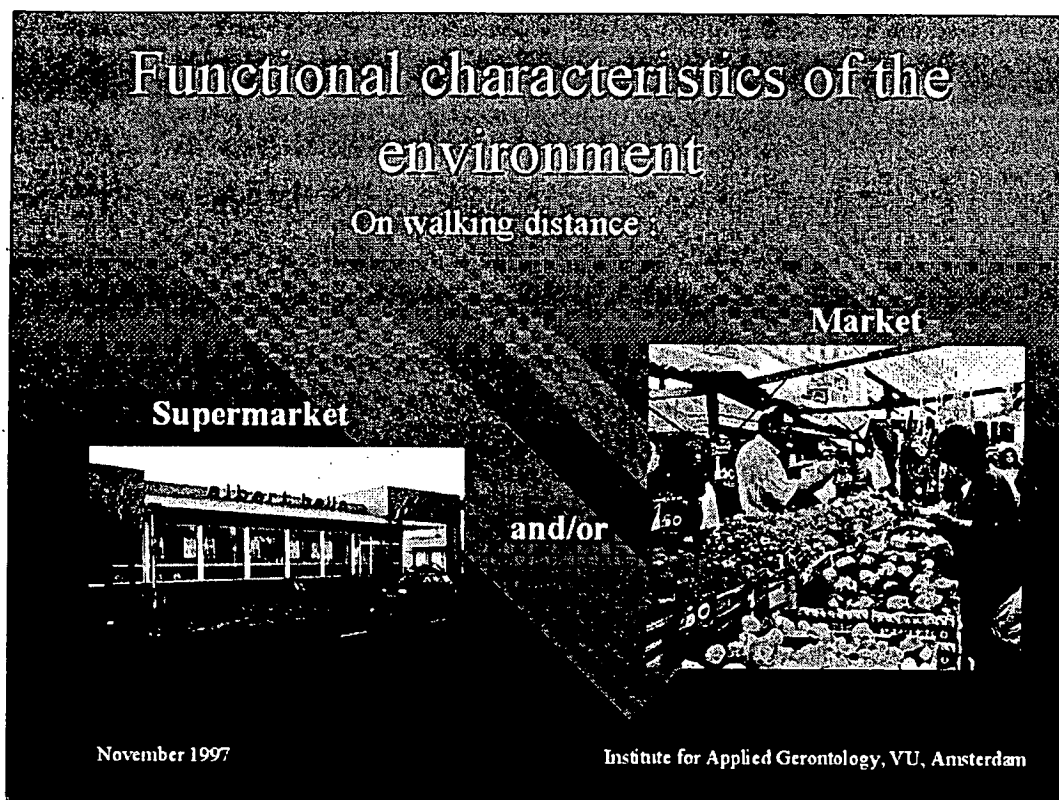
- An age-related perspective;
- An integral area based approach;
- An environmentally differentiated view based upon zoning.

#### *a) An age-related perspective*

The central object and subject of research and planning are people of 55-years and older. The advantages of this point of view are that the specific problems of these people related to their housing and living conditions can be emphasized coherently and that the differentiation within this population group can be stressed. The planning can become more specific. Furthermore one can speak of a positive discrimination of the aged. The research and the planning process are seen as instruments for effecting the outcome of the political decision-making process in order to improve the housing situation of senior citizens. This perspective accommodates the fact that one is confronted with the dilemma of categorizing. On the one hand one should not look upon aged people as a special group because of the danger of stigmatizing and discriminating. On the other hand the authorities only come into action if old people manifest themselves as a special group and moreover very often the senior people themselves claim an age-specific approach. This perspective does not automatically mean that one should support a specific age-related policy or age-related environmental concentration. Rather one should see the housing of older people as a facet which should be integrated into the different sectors of policy.

b) An integral area based approach

In order to promote continuity of the individual lifestyles for the aged in their own familiar neighbourhood, the scope of interest is broadened. Not only the housing, but also the physical and social living environment, the 'every day life' facilities, the welfare and care services, are the subjects of research and planning. Housing of the senior citizens is seen in interaction with all the relevant environmental planning levels: the dwelling unit, the building block, the street, the neighbourhood, the district and the city. The starting point or basic entity is the district. The essence of a district in the larger cities in The Netherlands is the presence of a decentralized municipal management. The size of these districts varies greatly from 25,000 up to 120,000 people. The basic idea is that within each district there must be a sufficient number of appropriate, affordable and accessible dwellings, the environment should be barrier-free and safe to live in, and the services ought to be accessible and of sufficient quality. Each district should provide the conditions for the elderly inhabitants to complete their housing career.



c) An environmentally differentiated view based on zoning

The housing situation of elderly is viewed from a heterogeneous environmental perspective. After all housing blocks or neighbourhoods are not equally suited to the housing of senior citizens. In order to promote this perspective the planning concept "residential friendly zones" for elderly people is used. This idea forms the core of the methodology. This zoning concept was developed by planners of the 'Planologische Dienst' in the province of Noord Holland. They defined residential friendly zones as: "Areas with appropriate and affordable dwellings, situated

# Functional characteristics of the environment

and how is the accessibility of

Medical services



&



Recreational services

November 1997

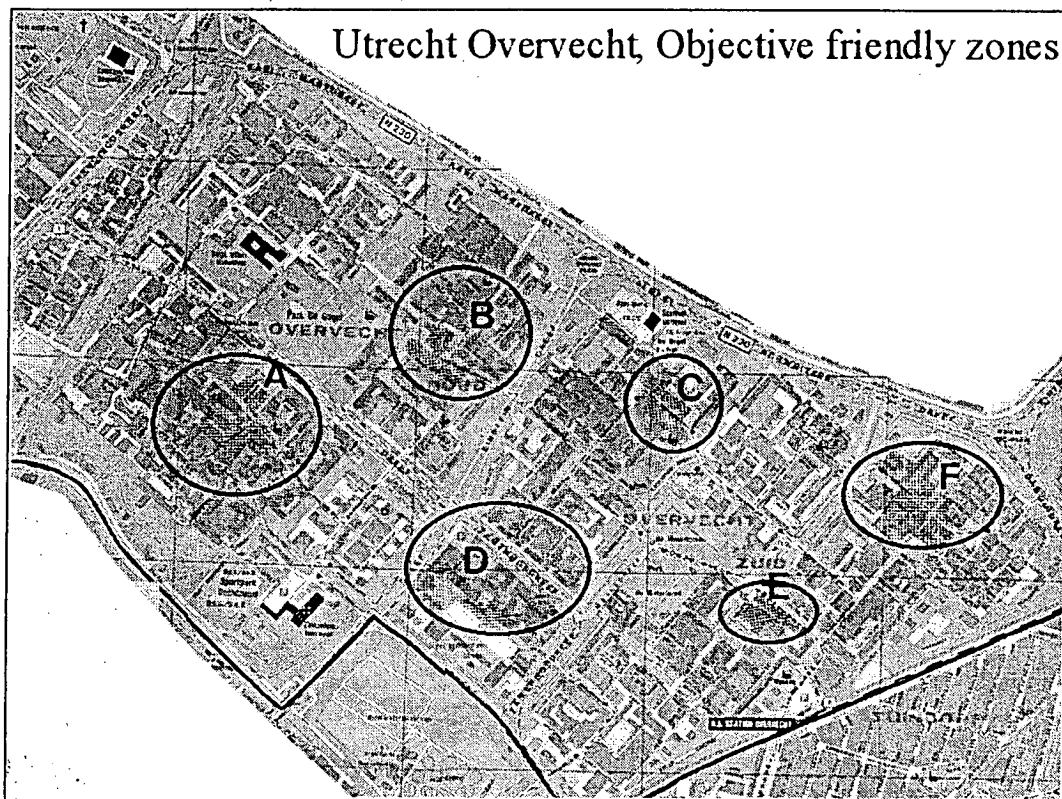
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within 500 meters walking distance - or 400 meters as the crow flies - from the main services for the elderly: shops, public transport, medical services, post office and recreational services". This first definition of a residential friendly zone for elderly is very rigid and limited. The criteria evolved in time and were broadened; not only physical but also social characteristics are included now. Furthermore it is recognized that these zones can not be determined beforehand. The description also depends on local perception. Three types of suitability criteria are of importance:

- Characteristics of the housing stock.  
Examples of such criteria are the availability of an elevator, the maximum rent and the number of rooms.
- Functional characteristics of the environment.  
Are the shops for the every day living facilities, public transport, post office or bank and welfare or care services situated within walking distance?
- Subjective characteristics of the environment.  
These criteria refer to impressions of the neighbourhood by the elderly. They can, for example, concern traffic nuisance, social security and the status of the neighbourhood.

In the Utrecht case these zones were determined in three steps. First the so-called "objective residential friendly zones" were selected on the basis of characteristics of the housing stock and functional characteristics of the environment especially

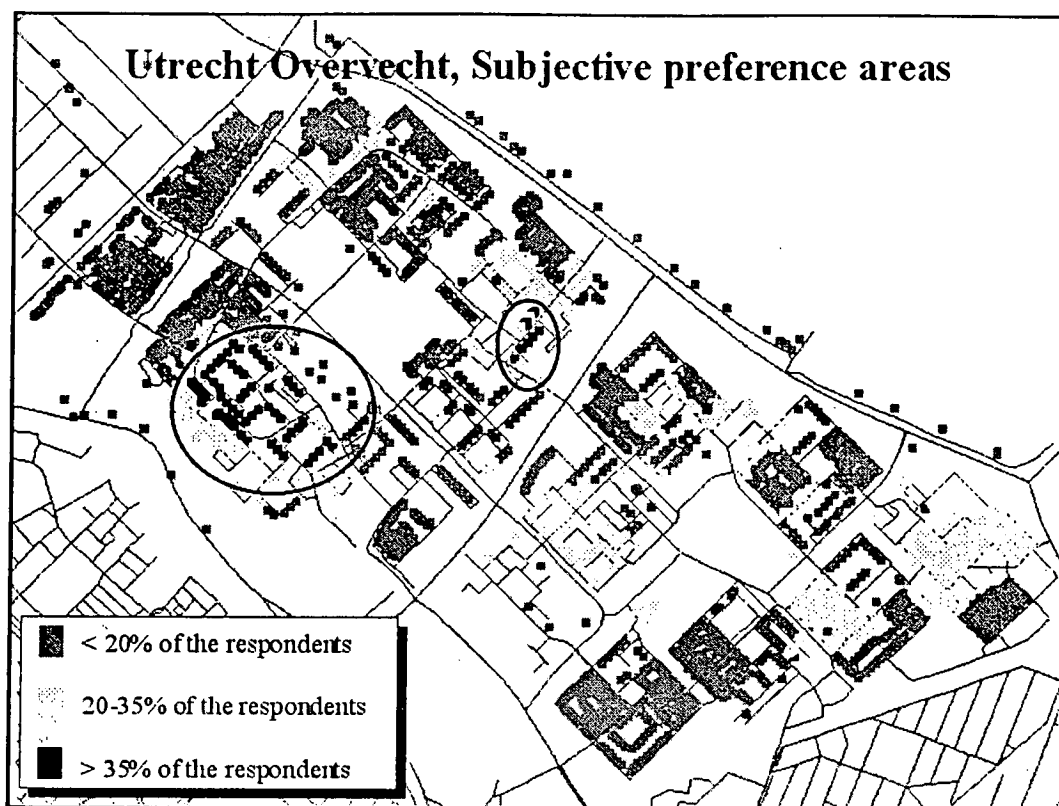
the walking distances to relevant facilities. Secondly a panel of elderly and professionals determined the subjective residential friendly areas. They had to draw on a map of the district the areas they thought to be attractive for elderly to live in. These individual maps were aggregated. Areas that are preferred by more than 35% of the respondents were defined as subjective residential friendly areas. Thirdly the opinion of the elderly concerning these different areas was explored through a questionnaire.



The concept of the residential friendly zones has two main functions:

- as a research method to identify the potentials of an area concerning the housing stock and the neighbourhood.
- as an instrument for policy and planning.

With the zoning concept it is possible to make a distinction between more and less suitable areas and dwellings for senior citizens. Within this framework the concept can be used as a strategic tool to assess plans for the adaptation of dwellings and for new buildings, the housing distribution and the allocation of services and financial resources. The plans can be aimed at the improvement of the existing residential friendly zones or at the extension of these zones. The level of friendliness of an area can be improved by creating opportunities for the introduction of new forms of housing and services.



### *Outline of the strategic-environmental planning methodology*

Now that the main principles of the methodology have been introduced, it is possible to focus on the basic elements of the planning methodology. These elements are a research and planning development process in combination with a participation process. Also characteristic is the use of different research methods (multi-methods) and especially the use of RELEVANT, a Geographical Information System.

### *The research and planning process*

The methodology is not only focused on collecting information about the housing situation but also on changing it. This implies that the research and the planning development process are aligned. Primarily the investigation will provide information about the local potential for change in the housing situation of the senior inhabitants and the necessity to distinguish specific target groups. Furthermore information has to be collected concerning the suitability of the housing stock and neighbourhood (objective and subjective residential friendly zones,) and the wishes and demands of the elderly. Based on this information priorities have to be established and locations selected for the development of policy measures and strategies in the planning phase. The research findings are used to indicate the direction of the planning process.

### *The participation process*

The participation process is based upon a multi-actor approach. All the relevant parties can take part in this comprehensive process. First of all, this process is organized to improve the outcome of the research and planning process. Because

of the periodic dialog with relevant local parties there is an opportunity to make use of the expertise and creativity of the participants and to get feedback on the preliminary findings. The housing issue of the aged people is put in perspective. Secondly the process also can create wide support for the policy plan to improve the housing situation of elderly people. It can increase the chance of implementation of the policy strategies.

Typical for the process is also the differentiation of the organizational structure. This means that separate and joint meetings of elderly residents and civil servants from different organizations and the local authorities are organized. Often special panels for target groups are organized. The interaction between the different groups in the process takes place in working conferences. The dialog with the non-participating organizations and residents of the district takes place in comprehensive information meetings.

The researchers have an important role within the planning process as agents of change. They organize the participation process, lead the debates and provide the participants with information. Their position in relation to the different parties is not fixed. It can change during the planning process depending on the distribution of power between the parties and the size of the problems. From the start of the process it is clear that their activities are in principle limited in time. After the planning process has resulted in a policy plan the researchers withdraw from the process and give back the initiative to the local parties. The process of change in a district can best be illustrated by the image of a moving bus. The researchers get on this bus and influence the direction in which it is moving. Later on they get off the bus which is moving on, hopefully in the direction as formulated in the policy strategies.

### *The use of 'multi-methods'*

The housing situation of the elderly people is a complex and dynamic topic. It concerns a broad variety of aspects, which are constantly in a process of change. Furthermore the housing situation of the aged has subjective and objective aspects which can be viewed from different perspectives. It is not possible to explore all these aspects and perspectives with one single research method. A combination of different research methods has to be applied to address this subject matter. It requires a joining of empirical-analytical methods and interpretative methods. Not only should general statistics at the level of the city or district be collected but also data about the older inhabitants and the dwellings in detail in order to develop more specific strategies. The use of different methods not only leads to a more comprehensive image of the housing situation of the aged but also improves the validity, the reliability and the usability of the research findings and the strategies.

# RELEVANT

- Residential
- Location
- Evaluation
- Analysis
- Tool



November 1997

Institute for Applied Gerontology, VU, Amsterdam

## *The application of GIS-technology: RELEVANT*

Computer techniques are used to support of the methodology, in particular a Geographical Information System (GIS). A GIS is an information system for the collecting, storage, analysis, simulation and cartographic presentation of environmental data by means of a computer. Explicitly, because of the environmental component of the planning concept "residential friendly zones" it can be combined very well with the technical potential of GIS. In the concept, the factor 'distance' is a key item and the search for environmental relations is of great importance.

At first a standard GIS-application was used. In the Utrecht pilot an application specially designed for this purpose was tested. This application is called RELEVANT. This is an acronym for REsidential Location EValuation and Analysis Tool. The program was developed to support environmental planning of housing and services for the aged population. It can be used for research, planning and monitoring purposes. The application can determine objective residential friendly zones based on actual walking distances to the various facilities by the street pattern. The findings can be mapped or looked up in a table. This implies that all the dwellings and the services in a district should be precisely located on a digital map by means of exact geographical coordinates. These calculations are very accurate.

Also, with this application various attribute data can be connected to the different geographical objects such as a dwelling or a service. For example the



rent and the number of rooms of a dwelling or the type and size of retail services can be linked to an address. On the basis of these attribute data dwellings or services can be selected and mapped. For each area the exact number of selected dwellings or services can be automatically calculated. Information can be given about the individual dwellings and services. Furthermore the subjective residential friendly zones that are selected by the elderly themselves can be imported. The essence of the analytical functionality is the possibility to integrate different criteria into one suitability model.

The application is designed for use by local and regional governments (departments of physical planning, housing, health and welfare), housing associations and real estate developers.

RELEVANT is a user friendly WINDOWS-application, that can be run on any modern Pentium PC.

### *The structure of the process*

The next question that has to be addressed is how the research and planning process is managed and which research methods are used. In order to design an integral policy plan for the housing of the elderly in a district or municipality, four stages have to be completed. It is essential that each phase is completed before the next one is begun. The general outline of the four phases is fixed. The specific content, the organization of the participation process and the methods can diverges depending on the local conditions. It is important to note that projects concerning the improvement of the housing situation of the elderly, that are already part of formal decision making at the start of the process, should be carried out. Only if they are inconsistent with the central objectives of the process they should be adjourned.

### *Phase 1: Preparation*

The essence of the first phase is getting the process started. This implies design of the research and planning process and the raising of funds. In order to do this, it is important to have information about the change potential, the availability of GIS-data, specific topics and target groups. This information is collected by interviewing key figures and making a SWOT-analysis (strengths, weaknesses, opportunities and threats). These data form the input for a broad information meeting in the district. This meeting is not only used to inform the district but also to recruit seniors and professionals to take part in the participation process.

### *Phase 2: Orientation*

In the second phase an inventory is made of the local situation.

First attention is paid to the potential and quality of the district for the housing of the elderly. In this phase the objectives of the process are defined by the participants, the characteristics and developments in the district/city are studied

and the suitability of the housing and living environment is explored. This includes that the objective and subjective residential friendly zones are selected. In order to define the objective residential friendly zones the criteria concerning a suitable housing and living environment are defined in dialog with the participants. The information is collected by different methods e.g.:

- Study of policy reports and literature
- Panel discussions (separate meetings for elderly and professionals)
- Inventory of the district by RELEVANT

Secondly the wishes and demands of the senior citizens are highlighted, by interviewing elderly people individually. Central themes are: conditions of and satisfaction with the dwelling, conditions of and satisfaction with the district, use of services, need to move on and the housing demands, opinion of the residential friendly zones and the personal situation. Before the interviews take place information on the ongoing process and research is handed over. This allowed the dissemination of information about new or alternative housing concepts and services for the elderly.

This second phase is completed by a working conference; a combined meeting of all the participants of the process.

### ***Phase 3: Judgment***

In this stage of the process priorities are established. With this phase the research process is concluded. The main topics and problems are distinguished and the different zones are selected. In combined meetings with all the participants the choices are made. Various techniques are used to establish a sequence in the decision areas.

At the end of the third phase the results are discussed in an information meeting in the district.

### ***Phase 4: Construction***

The findings of the research stages (phases 1, 2 and 3) provide the information-base for the development of strategies to improve the housing and living conditions of the elderly. These strategies are a combination of different policy measures. The strategies are related to the residential friendly zones.

The objective is to develop strategies together with the participants in order to create the widest possible support. Therefore working-groups are organized around main topics such as public security, adaptation of dwellings, special housing with care arrangements, housing for elderly immigrants, etc. These working-groups consist of people who were already involved in the participation process. Furthermore other relevant actors can join the working-groups. In this stage there must not only be clarity on the content of and the priorities between the strategies, but also it has to be clear who will take over the management of the

process from the research team. The findings of the research and the strategies are combined in an integral policy plan for the housing of the elderly.

The research and planning process is closed with a broad information meeting. After this phase the plan must pass through a formal decision making process after which the implementation can go forward.

### ***Evaluation***

The results of the projects can be divided into four categories. Successively attention is paid to the general findings, the participation process, the zoning concept and the RELEVANT-application.

### ***General findings***

First of all the methodology was of much practical use for the analyses of the housing situation of the elderly. An integral analyses of the quality of the districts for housing the elderly can be presented. The method provides an environmentally differentiated insight into the suitability of the housing stock and the living environment. Furthermore the general needs and preferences of the elderly inhabitants are listed and there is a focus on specific groups of elderly such as immigrants and elderly with psycho-geriatric problems depending on the local situation.

Secondly the methodology resulted in an integral plan with policy strategies for the improvement of the housing, the social and physical environment, the welfare and care services for the aged.

Thirdly the housing situation of the elderly came onto the local political agenda because of the comprehensiveness of the research and planning process.

Fourthly many of the strategies, in particular in the earlier Amsterdam projects, have been implemented and the opportunities for the elderly in those districts to live independently have been improved. Without going into detail the housing situation of the elderly has been improved by:

- Improvement of the accessibility and public safety of the neighbourhood;
- Improvement of the accessibility of the dwellings;
- New sheltered housing projects;
- A variety of new social and care home support services.

### ***The participation process***

The comprehensive participation process has not only resulted in a widely supported plan but also promoted the consultation between the relevant local parties. The participation process increased the chances of the implementation of the strategies and the development of new initiatives. On the other hand the processes did not fully meet the expectations because:

- The change from plan to implementation of projects took a long time,

therefore more attention in the process has to be paid for public/private agreements;

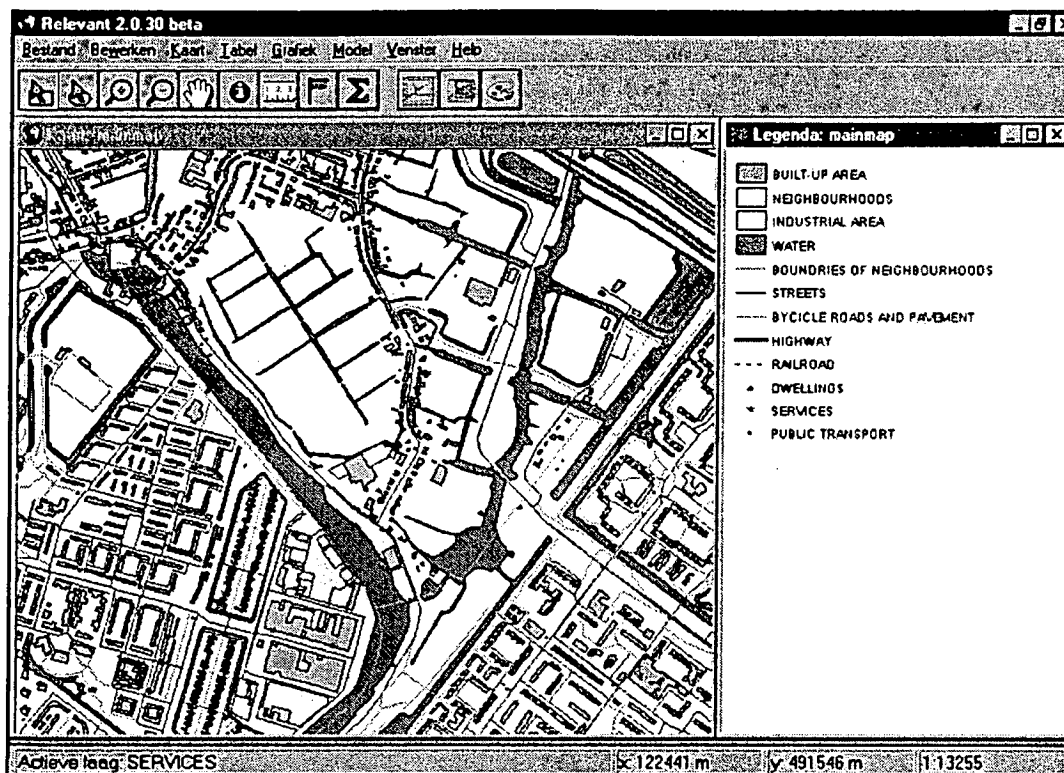
- The methodology stimulated the cooperation between the local parties but didn't solve the structural coordination problem.

### *The zoning concept*

The concept was functional as a research tool in order to distinguish areas and dwellings that are suitable for elderly people to live in. The pilot projects demonstrated that the choice of criteria that are used to assess the qualities of an area should be related directly to the values that elderly people and other involved people attach to those. Next to objective residential friendly zones based on functional criteria, subjective residential friendly areas based on experiences of the elderly, also should be identified. Furthermore the criteria for the selection of zones and dwellings should be expanded and they should become more distinct in order to emphasize the differences within the aged group.

The concept is also in use as an instrument for policy and planning. The residential friendly zones are seen as indicators to judge the environmental implications of other local plans. The zoning has become a consideration in the local physical planning of housing projects and services for the elderly. The use of the concept as a planning instrument also showed that:

- The zoning is not to be regarded as a planning-standard, but more as a metaphor.  
The residential friendly zoning is not a rigid environmental model for the arranging of the housing and living environment for the elderly people. It is much more a policy instrument for the indication and monitoring of the suitability of an area for the housing of senior citizens.
- Strategies should not only be focused on the existing residential friendly zones but also on the improvement of the areas that are less friendly.  
In order to stimulate aging in place and to prevent large migration of elderly people to specific areas, the instrument should be used to reduce shortages in the facility structure and to decrease specific deficiencies in the housing stock.
- The zoning does not promote the creation of exclusive areas for the elderly. Many other population groups reside in the residential friendly zones for elderly. These areas are also attractive residential areas for younger inhabitants. Furthermore the majority of the elderly in the pilot projects preferred to live in a mixed neighbourhood.



## RELEVANT

RELEVANT 1 was very practical as a tool for research. Large data sets have been incorporated with success and also the environmental analyses have been successfully carried out. This means that suitable dwellings and zones could be selected and visualized on maps and tables on the basis of the different sets of criteria. For each single environmental object the attributes could be shown in a table. Also the calculated walking distances from the individual dwellings to the different services could be stored in a table.

On the other hand the functionality of this prototype is still limited. It provides for the basic tools that are needed to support the concept of residential friendly zoning. However, the user interface was not very user-friendly. In order to import new data the help of a GIS-expert was needed. RELEVANT 1 eventually became more a tool for research and less a decision support system. The high degree of dependency on the availability of a digitized map and data sets also limits the full functionality of the program. In The Netherlands much information about the location (addresses and coordinates) and the characteristics of the dwellings and services are available for larger urban areas. Some important data sets on the other hand could not be used because they didn't have a geographical code (postal code or geographical coordinates) or they were not digitized. For instance detailed information about the size of the different rooms was not available.

On the basis of the experiences with this first prototype a new second version is being developed for the city of Amsterdam. This version is developed by the Institute of Applied Gerontology of the Vrije Universiteit Amsterdam and

GEODAN, a private GIS-development company in Amsterdam. RELEVANT 2 is designed in interaction with a user panel that consists of all relevant parties of the municipality of Amsterdam. The functionality and the user friendliness is being improved by:

- The introduction of a potential model.  
With this model it is possible to take into account the concentration of the same service types in one area as a factor for suitability. Areas that have a higher concentration of certain services types are valued higher than areas that only have a few of them . It also enables the users to give a value to certain service types, so not only the concentration but also a characteristic feature of a service type can be used to rank them. For instance the size of a supermarket can be used as a measure.
- Adding graphs and statistical views.  
The results of the environmental analyses are not only presented on a map or in a table but also visualized in graphs and statistical views.
- The introduction of environmental barriers.  
Streets that are difficult to cross can be regarded as physical barriers. In the street network they are defined as streets that only can be crossed at places with safe crossings. This means that the walking distances become longer because one first has to walk to these safe crossings.
- The implementation of simulation opportunities.  
It will be possible to temporarily add or remove housing blocks and services. For instance the user is able to study the effect on the residential friendly zoning if a new supermarket is established or on the other hand if a supermarket will be moved.
- Adding aggregation and disaggregation functions.  
Data of a single dwelling can be added to higher geographical areas such as postal code areas, neighbourhoods or districts and on the other hand data that is available on district level can be transformed to lower geographic areas such as neighbourhoods or dwellings.
- Improving the export and import facility of data.  
The user of RELEVANT 2 will be able to import DBASE and ASCII-attribute files and ARC INFO geographical files. Export of data in DBASE and ASCII-format is also possible.

This GIS-program will be better equipped for the monitoring of changes in the composition of the housing stock and the services. By means of the RELEVANT program developments can be flagged that have a negative or positive impact on the residential friendly zoning. It can be used to as an instrument to maintain or improve the existing quality of the housing stock and the services.

Relevant 2 was due to be available in the summer of 1998.

### *Perspectives for implementation in Canada*

The biggest challenge is to convince people in Canada that the strategic environmental strategy for the housing of the elderly is valuable not only for The Netherlands but also for Canada. Of course some conditions differ, but basically the circumstances and problems concerning aging in place are the same and they become more alike because of the globalization of the Western World. The methodology also can be of much use for the analyses of the housing conditions of elderly and for the development of an integral policy to improve the living conditions of elderly in complex inner city environments in Canada.

This methodology is not a blue print. It has to be adapted to the local situation. The key structures of the methodology, however, can be maintained. These elements are the structure of the participation process, the content of the research and planning process, the use of a zoning concept and the use of different research techniques including RELEVANT. How the planning methodology is structured in detail is dependent on the local conditions and the local potential for change. Probably the use of the methodology for policy development will be different.

Finally, some threats and opportunities for the use of the methodology in Canada are pointed out:

#### Threats:

- The availability of digital attribute data concerning the characteristics of the housing stock could be a problem, especially on the level of the individual dwelling.
- A focus on more individual related strategies, because of the higher percentages of privately owned dwellings and the dominance in the housing market of private investors with short term financial interests.
- The limited budget by the local authorities for social housing of the elderly.
- The elderly have a different perspective on distance and removal. This means that they probably will have other ideas about the design of a neighbourhood.

#### Opportunities:

- Statistics Canada is producing geo digital data files which include attribute data on the level of a block-face or postal code areas and also street network files and boundary files are available for the urban areas.
- The notion that housing for the elderly is to be dealt with on a systematic way is gaining momentum.
- Interest on the local planning level for topics that are related to aging in place such as public safety and barrier free planning of the environment.
- Aging in place is becoming a generally accepted principle by the elderly and different suppliers of housing facilities and services.

So why not start a pilot project to test and evaluate the methodology in a municipality in Canada?

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# Chapter 3

## INNOVATIVE AND SUPPORTIVE MODELS OF HOUSING FOR THE ELDERLY

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### Introduction

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by Nancy Gnaedinger, Moderator

The need for innovative and supportive housing options for an aging population has never been greater. With more people living longer and fewer people moving to institutional facilities, there is a need for a multitude of housing options for our older citizens who have varying characteristics, income levels and abilities. The reasons for providing housing for aging in place are both humane and financial: most elderly people dread moving to institutional care, and housing with supports is less costly to the public than licensed care. Our approach to providing housing for the older population must be creative, flexible, responsive to the preferences of diverse groups, and responsible in terms of cost to both the public and consumer. We should remember that there is no "one answer" and no "one expert". There are, and should be, a wide range of answers, in terms of location, design, tenure, cost, support services; and there should be a multidisciplinary, multi-sectoral consolidation of expertise. In designing (converting, renovating) buildings and communities for aging populations, there are two fundamental principles that guide us: first, everyone, except those people who die, ages one year every year - their characteristics and needs for support change as a result; second, support should be provided at the margin of need and should be controlled by the support receiver. Despite the diversity of our presenters' expertise, experience and perspectives, their presentations had some common themes: the problem of narrow mandates, legislation that creates barriers to creative solutions, and lack of "buy-in" from political leaders; the need for linking and partnerships among government departments, sectors and disciplines, and the need for flexibility in our approach to providing housing for older people which supports aging in place.

### Moderator: Nancy Gnaedinger

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Nancy Gnaedinger, MA, has worked in the field of aging for 25 years, first in the front lines as an Activity Director and Volunteer Co-ordinator in residential care facilities, and then as a researcher, writer and teacher. Her areas of specialization are seniors' housing, dementia, and psychogeriatric care, service delivery and

multicultural issues. Nancy has completed 25 primary research projects and 15 other studies, has dozens of publications, and has presented at international, national, and local conferences. She serves on the Board of the Canadian Association on Gerontology, the CAG Liaison Committee of the Victoria Gerontology Association, and the Editorial Board of Mature Medicine Canada. Nancy is also a Research Affiliate of the Gerontology Research Centre of Simon Fraser University and an instructor at the University of Victoria.

## Panelists

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**Alan Campbell**, Manager of the Interior Region for BC Housing in Penticton is a British Columbian, a Simon Fraser University graduate, and a ten year veteran of BC Housing, where he has assisted in the development of a number of Abbeyfield houses and seniors' equity co-operatives, and has approved the inclusion of supportive features in several seniors' non-profit housing projects. Mr. Campbell's paper is provincial in scope. He addresses the larger issues in creating a true continuum of care, some of the provincial legislative hurdles that need to be overcome, and the importance of links and partnerships in addressing the need for supportive housing for seniors.

**Dan Levitt**, - another British Columbian, has a degree in Psychology from the University of British Columbia and a graduate degree in Retirement and Long Term Care Administration from the USA. He worked in the Baycrest Centre for Geriatric Care in Toronto, and was Manager of Residential Services at the British Columbia Association of Community Care (known as BCACC). Mr. Levitt addresses the care component of supportive housing, from the perspective of provincial care providers, and points to the need for planners and legislators to support the provision of care in housing initiatives for seniors.

**Val MacDonald**, - a community developer with a health care background, has been the Co-ordinator of the Seniors' Housing Information Program (SHIP) since its inception in 1987. SHIP provides information on housing and related services to seniors in the Lower Mainland of British Columbia. Ms. MacDonald's perspective is that of a local community developer. She defines supportive housing, reports the results of a seniors' housing survey conducted in Burnaby, BC, and comments on the need for flexible policies on housing and care.

**Neil Prashad**, - President of Meritus, a real estate development and marketing company specializing in the seniors' housing industry, has over ten years' experience in this industry in Canada and the USA. Mr. Prashad has an undergraduate degree in urban planning and two Masters degrees from MIT - in environmental design for aging, and in real estate development. His perspective

is that of the private sector. His paper focuses on the delivery of affordable congregate housing, his experience in pursuing affordable pricing, and some recommendations based on his experience.

**John Jessup**, - a Vancouverite educated in BC and Ontario, has post-graduate degrees in Planning and Economics. Mr. Jessup has worked for the City of Vancouver for over twenty years, first as a Social Planner and currently as the Senior Housing Planner, responsible for project development at the Housing Centre, a multidisciplinary centre focusing on housing supply and housing affordability. Thus, his presentation is municipal in scope. Mr. Jessup describes the development Vancouver's Abbeyfield House, including zoning changes, design issues, construction challenges, development and operating costs, and financial viability.

**Ian Ross**, - Executive Director of the Alzheimer Society of BC, addresses the unmet housing needs of a special sub-group of the older population. Mr. Ross, a British Columbian, whose credentials include a B.Sc. and an interdisciplinary M.Sc. in Management, Counseling and Gerontology, has been working in non-profit agencies for over 20 years. In his paper, he emphasizes the need for small scale housing options for persons with dementia in BC, and describes some successful models in other provinces.

## Panel Presentations

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ALAN CAMPBELL

### Aging At Home

Today I want to highlight some essential elements affecting the transition from independent living to the institutional or care-driven housing models. Seniors now live in such a wide variety of housing: single family homes, condominium apartments, rental apartments, condominium townhouses, rental townhouses, equity cooperatives, non-profit cooperatives, life lease housing, mobile homes, market congregate care homes, "care-a-miniums", Abbeyfields, market room and board, secondary suites, single room occupancy hotels, recreational vehicles, all the way to intermediate care and extended care homes.

The term Aging in Place bears scrutiny: there are many examples of unsatisfactory seniors housing such that "in place" is not a desirable option. Yet other labels are subject to the same qualification. Perhaps the alternate term Aging on my Own Terms is preferable to capture the intent of making it possible for seniors to live as long as possible outside of institutional frameworks. We also must reduce the forced separation of lifelong couples when one partner has to move into care. In my experience we really need not only more housing and support options, but also major improvements to tenancy and care legislation to provide appropriate supportive seniors living.

### "HARD" versus "SOFT" Design Elements

For want of better terminology there are hard building design and construction elements and soft issues of legislation and policy:

#### Hard Elements

The hard design elements traditionally included in "supportive" models concentrate on the building design needs of seniors: scooter parking and charging areas, wheel-in showers with seats, levered door and window handles, soft door closers, warm and bright lighting, raised electric and cable receptacles, variable climate controls, front appliance controls, ramped entries, parcel shelves in vestibules and outside suite entry doors, 36" doors and accessible bathrooms and common areas, strobe alarms, etc. Some housing operators in buildings for independent living install hard-wired urgency call systems but I do not support these. There are two serious risks involved. One, that the pull cords imply a false sense of security since they are not monitored 24 hours/day, seven days a week and two, they place an onerous duty of care on the building operator. Personal portable systems such as Lifeline, are preferable in an unstaffed residence.

#### Soft Elements

A field less easily defined is a framework of residential and support legislation that deliver on the promise of the golden years. There needs to be coordination of

services and staff between the residential and support agencies. The ideal would be a smooth "just in time" transition from fully independent living to the increasingly supportive models as independence declines and the need for care rises.

However, the housing and care continuum is not seamless in reality. On the contrary, the transition from independence to care is often sporadic and disruptive. It can involve repeated admissions to and discharge from acute care facilities. Such disruption is often a prerequisite for earning sufficient home care hours.

Current residential tenancy legislation does not include supportive provisions to permit sensitive intervention in tenancies which have become a problem due to frailty or illness. Too often an eviction notice is the tool applied to force admission to a care environment. Better incremental intervention procedures must be mandated.

There are some congregate care facilities where the residential tenancy legislation does not apply. Neither are there the protections that ownership brings. Some seniors face losing their supportive housing choice because they now need a walker or a wheelchair. The very frailty that drew them to the supportive option is now the cause of their losing their home.

Prioritization of public program funding is not coordinated. At the same time as "Aging in Place" is heralded we see significant reductions in the home support agency hours for individuals.

New housing construction is often the measure of success when what is really needed are program funding and policy changes to enable supportive retrofitting of existing stock. I am pleased to note that British Columbia is undertaking consultations along these lines now.

However, some old legislation such as the Housing Construction (Elderly Citizen) Act, conceived to protect seniors housing, actually impairs redevelopment of older sites by requiring that replacement housing can only be for "elderly citizens of low income". This fails to envision today's models of blended housing and even mixed residential/commercial uses to generate funds. It is questionable if the Ministry of Health should be the Ministry Responsible for Seniors; Ministry of Consumer Services would be more appropriate!

#### **New Programs or Retrofit?**

I will make a quick comment on "New Programs." Governments in times of financial hardship are understandably reluctant to contemplate new programs when the funds to sustain existing programs are insufficient. Therefore the option most likely to provide more supportive seniors housing is the retrofitting or expansion of existing housing developments. This leads back again to the area of legislation and policy amendment.

### Examples of Supportive Initiatives

1. *Enlarging the common area kitchens and amenity rooms in seniors buildings to provide a place for meal programs.* In some cases this was successful but in others the volunteer nature of the concept and the high cost of supplies led to cancellation. There are also liability and licensing considerations. The short life of perishable stock and the unpredictability of demand are obstacles. Housing program shelter subsidies do not extend to supportive activities.
2. *Providing an activity coordinator to enhance socialization among the residents and to check unobtrusively how frail residents are coping.* One Fraser Valley society received a one year grant to hire an activity coordinator. But when the grant expired the seniors expressed such dismay that BC Housing had to bend the operating budget rules to keep the coordinator in place.
3. *Providing F/P seniors rent subsidies to three Abbeyfield Houses on Vancouver Island.* The success of the Abbeyfields proved the concept but the extra cost of the house parent staff model and the extreme frailty of many of the residents pushed operating costs questionably high compared to plain seniors rental housing.
4. *The Penticton and District Retirement Centre is our most successful integration of care and housing.* Here 126 seniors subsidized rental units are physically linked to the seniors' recreation centre, seniors' day care and intermediate care facility. The average age of the residents is 83. Over 60% of the residents take part in the activities and services. Many also buy a meal in the intermediate care dining area several times a week. BC Housing funds the apartments and the Health Region funds the day care and multi level care.
5. *Our latest success is the 18-unit Sheltered Housing project, Vermilion Court, which opened in 1997 in Princeton.* Here the Princeton and District Community Services Association worked over nine years on their own to assemble five building lots and to fund raise to support a project combining independent living, meal support and home care. The Health Region dedicated staff to bulk the home care hours in the 18 apartments. BC Housing undertook to build the apartments under our Homes BC development program and the Health Region committed the support for the care and meals.

### Summary

An exciting range of opportunities exists in British Columbia for us to establish innovative and supportive housing models for Aging in Place. This will require more than architectural modifications. New stand-alone public programs are not the answer. While encouraging the private market to create supportive opportunities we should also target older social housing developments for regeneration into supportive housing. We need to improve care support and residential tenancy legislation and regulations.

DAN LEVITT

### Care and Service Provision in Supportive Housing

I have been asked to talk about the care and service provision aspects of supportive housing. A recent headline in The Globe and Mail read "Senior Housing Crisis Predicted: Developers are Unprepared for the Baby Boomers." The article went on to describe that with the aging of the population and the changing demographic shift, there will be a dramatic increase need for senior housing. The financial clout of the aging baby boomers is sparking an unprecedented number of initiatives for creative design to respond to the desire for seniors to live independently and age in place. At the same time, there are barriers to building innovative housing options for seniors.

First, aging in place is often a myth. With the resulting frailty of chronic conditions which are often degenerative in nature, an individual's ability to function independently in their environment is greatly reduced. There comes a point where independent living is no longer an option. This is often the result of assisted living and adaptive devices not being always available. Likewise, building codes and design guidelines have not been universally established. There is no personal care or assisted living care option presently available to most individuals who would otherwise qualify. Seniors often end up moving to a long term care facility prematurely.

Second, the housing options where care may be provided under legislation is very strictly defined through *The Community Care Facility Act*. The Act stipulates that care may only be provided in a licensed residential care facility that meets detailed regulations regarding the following: standards of care; standards of building construction; equipment and furnishing; types of care and supervision; and training and experience of staff.

Compared with the regulations of the nursing home industry, the seniors' housing industry is highly unregulated. The key difference between the two is that under *The Adult Care Regulations*, community care facilities are licensed to provide care, other housing options are not. The licensing of care provision in a residential housing environment has resulted in, non-licensed congregated housing options not being able to support residents to age in place, since when residents require nursing care it is not available in the present living environment.

As many of you may be aware, Health Minister, Joy McPhail, has commissioned a review of *The Community Care Facility Act*. The review team is lead by former two former Deputy Health Ministers, Doug Allen and John Noble. The review is currently in a provincial consultation process with the final report expected to address all aspects of facility licensing including assessment of licensees and managers, and monitoring and inspection procedures. The report will also

address the role of governing bodies in ensuring community care facilities are in full compliance with provincial legislation.

The third barrier to aging in place is funding. With the devolution of the health care delivery system to local health authorities the decision making process has now moved closer to home. At the same time, health authorities are accountable to ensure the health of the population. The challenge is to develop senior housing initiatives that coordinate and partner with the health care system managed by the local health authority.

The last barrier is planning. New residential development initiatives being planned for the use of seniors are not encouraged to design accessible and sustainable living environments. One option for overcoming the barrier is to provide incentives for developers to build housing that responds to such needs. This may be accomplished by the development and implementation of a set of design criteria that addresses the most critical problems experienced by a wide range of people with variations in physical ability. Planning initiatives such as the "Dwelling Designed for Everybody" project being developed by the Vancouver City Council is a step in the right direction.

I would like to close with an example of an innovative housing project which involved a long term care provider developing a partnership to build a supportive housing apartment complex. In Toronto, Baycrest Centre for Geriatric Care offers various senior housing options including: apartments, a home for the aged, a hospital, as well as outpatient services and seniors day clinics.

Despite having such a wide array of programs and services, Baycrest was not meeting the needs of older adults requiring personal care in an affordable supportive housing environment. This required a change in philosophy and a look back at their humble beginnings. Baycrest established a partnership with a non-profit housing agency to team up and develop an affordable housing complex for their community.

The building, which is located adjacent to Baycrest, is being designed to allow for people to age in place through accommodating changes in the physical abilities of residents. For example, all doorways will be wide enough for wheelchairs, the bathroom will be prepared to install a grab bar and there will be room throughout the apartment to maneuver a walker. As well, the light switches will be at the right level, the floor will be non-slip and pre-wiring will be done for an emergency call system. The supportive seniors only environment and the design and services are geared to the aging population. Plans include offering homemaking services, meal service, nursing visitations, as well as offering an on-site physician.



The Baycrest example illustrates the endless possible innovative opportunities that exist for supportive models of housing for the elderly. While our opportunities to enhance the way seniors age in place may be clear, the challenge is to take advantage of those opportunities for the benefit of the aging population.

## VAL MACDONALD

Congratulations to the Simon Fraser University Gerontology Department in offering a successful fall conference. For me it was exciting to witness the paradigm shift taking place in our understanding of housing our aging population. I came away with the conviction that what is needed in this province is an overall housing strategy that addresses the issues of aging and ensures that safe, appropriate housing according to need and income is accessible to all. This does not mean that there is one solution but that in fact flexibility and adaptation be encouraged. It means building codes and licensing that allow housing providers the flexibility needed to adapt existing housing and ensures newly built housing is adaptable. It also means a strategy that does not pigeonhole people into housing according to need but rather recognizes changing needs, hopefully avoiding moves into purpose built housing. It requires that housing providers adopt an operating philosophy that clearly understands the needs of their aging residents.

Since 1987 the Seniors Housing Information Program has advocated for a housing strategy that recognizes the need for housing that is supportive of the changing needs of our aging population. We are pleased to know that the Ministry of Housing and the Ministry of Health have begun working on that strategy and I am sure that the input from this conference will influence the results.

As I had the pleasure of presenting at two workshops and as the topics, at least in my mind, compliment one another you will find here a compilation of both presentations.

### **SHIP and the Seniors Housing Directory**

For over ten years now the Seniors Housing Information Program (SHIP) has provided information on housing and resources available to seniors wishing to live in the Lower Mainland of British Columbia.

After speaking with thousands of seniors seeking appropriate housing, and after researching with them available housing options, SHIP compiled the Seniors Housing Directory. This directory contains over 400 pages of housing information categorized according to type of housing and geographic location in the Lower Mainland.

Literature reviews nationally and internationally produce a wide range of catchy titles to describe seniors housing. And each designer feels they have the solution.

At SHIP we believe that there is no one solution to housing our aging population. When we first started assembling the Seniors Housing Directory in 1987 it seemed obvious to sort out housing options by category. The categories we identified include: Abbeyfields/Group Homes, Equity Co-ops, Congregate Housing, Independent Subsidized, and Private Personal Care.

By looking at the directory which covers the Lower Mainland of BC, you will see at a glance that the greatest number of units of seniors housing fall in the category of independent subsidized housing. That is because of federal/provincial building programs offered in the 1980's. And you will see that not all categories provide supports and services.

We still only pay lip service to the concepts of supportive housing and aging in place. As far as I can tell the only true model of aging in place is in multilevel residential care facilities. In spite of our considerable knowledge on what supportive seniors housing may offer there are still huge gaps in supply.

More realistically, housing categories should be listed as:

- Housing for low income seniors
- Housing for those who can pay

or:

- Housing that truly provides for aging in place
- Housing where you move as your needs change

However, in the course of developing the directory it became necessary to define the types of housing available to seniors and probably the only thing consistent in housing for seniors is that older adults live in it. Beyond that it takes on a variety of designs and shapes and sizes. It offers a variety of financial tenure options. It may be purchased or rented. It may be subsidized. It may or may not have a care component. It may be new, it may be old. It may or may not be well located. Eligibility and access to appropriate housing may be restricted by age, affordability, length of residency in the province or a disability. It may be the housing you presently live in.

In fact seniors housing in BC is difficult to define and is as diverse and individual as the seniors who live in it. Unfortunately and ironically this diversity is limiting.

### **Aging in Place and Supportive Housing**

Housing that promotes aging in place is supportive housing.

During one of the workshops held at the conference, a participant took umbrage over the term "aging in place". In fact one of our housing volunteers at SHIP, a senior himself, said the term made him think of old cheese. Regardless of the terminology, the concept cannot be ignored. Aging in place refers to providing a living environment that adapts to the changing needs of its residents.

By identifying what housing exists we have also been able to determine where the gaps are in programs and amenities needed to support the individual's choice to age in place. As mentioned earlier some seniors housing is self-limiting and

may require that, as a resident ages, if physical design and supports are not in place they must move to more appropriate housing or even residential care.

For example, even Abbeyfields, which are ideal for someone who would enjoy a family style setting where meals are prepared, are self-limiting. They are seeking the well, mobile senior and often have in place a screening process which ensures that simply by design, Abbeyfields would attract someone who requires a more supportive setting, and in fact Abbeyfield residents may have home makers and home nursing come to them. If someone requires a supportive setting they are likely not 100% well and independent.

What limits Abbeyfields is keeping costs down. If resident supervision is needed more staff may be necessary. If they are seen to be providing care, licensing requirements could also increase costs. Although Abbeyfield Societies make every attempt to make their housing affordable, for many it is not, again limiting access.

Through extensive research we now understand what is necessary to accommodate aging in place. Now planners, health providers and developers must be convinced that there is no one blue print that will solve the issue of allowing for aging in place. Instead what is required is an understanding on the part of the provider of the aging process.

#### **What Facilitates Aging In Place**

- an operating philosophy that truly understands and promotes aging in place
- newly built housing must be universally designed with aging in mind
- existing stock may be modified to accommodate aging
- housing that fulfills some provincially set standards of design, maintenance and practice.
- housing that will adapt to the changing needs of seniors, physical and emotional
- where programs provided, such as meals, are flexible or optional as required
- where tenants have a formal process for input into decision making that will influence the home they live in
- where staff is available not only to care for the physical plant, but also to care for the psycho-social needs of the residents
- staff must be trained to understand aging and must know how to access resources appropriately.
- local health units and building staff will work together as necessary ensuring that residents have access to programs and services they may be eligible for
- housing that does not have to be licensed to offer a bathing program or remind a resident to take medication
- minimum standards and quality must be available to all regardless of income

## **Growing Importance of Housing that is Supportive**

In planning for the 21st century, possibly the only thing we can be sure of is that larger numbers of Canadians are living longer. Individuals needs are wide ranging, and when we plan we must take into consideration the highest level of need. That does not mean however, that every one of us is going to at some point require institutional care. The National Advisory Council on Aging reports that currently Canada's rate of institutionalization is 7.5%, higher than the US (4.6%) and the UK (4.1%) but lower than Holland (11%).

With careful planning that shares a common vision, hopefully seniors will be able to access housing that is supportive and flexible according to their needs and their ability to pay and avoid institutional care. This means integrating housing with services.

When seniors themselves are asked what type of housing they are seeking the most common response is for housing that provides supports. When asked what services are most important, it is meals and an emergency response system that they respond.

We have determined from the thousands of calls we receive from seniors and from available literature that seniors want housing that is supportive and secure and flexible to meet their changing needs. Also, we know that what is acceptable and affordable to one is not to another.

It is not unusual for our housing counselors to receive a call from someone with a comfortable income seeking to live in seniors subsidized housing because they want to be with their peers in what they consider a well setting. For those who can afford congregate style housing, they get tired of always having to eat in a dining room and they find the service packages inflexible. And there are those seniors who are on fixed income, who cannot afford congregate housing or private personal care but require it, and don't yet qualify for or want residential care.

## **So what is Supportive Housing?**

From SHIP's perspective it is housing where the providing organization has a clear operating philosophy which allows for housing that is adaptable and respects the needs of the individual. The following components must be considered:

- housing with peers by age and culture,
- that has an emergency response system,
- where meals are provided on an as wanted basis,
- where there is a staff person, not the building manager, available as needed,
- where personal care services may be arranged,
- where housekeeping and laundry services may be accessed,
- that is accessible and available in the community of their choice, and

- that responds to the residents changing needs, avoiding a move into residential or institutional care.
- it does not have to be purpose built.

The Dania Society in Burnaby, BC have adapted to the changing needs of their residents. It has taken advantage of all of its resources and provides a choice of supportive options. What is unique about Dania is that it offers these programs within a subsidized setting.

Dania Society has adopted an operating philosophy which promotes supportive housing and aging in place. It is a long term care facility, located at Norland and Canada Way in Burnaby, that was built in 1941. It was the first independent subsidized housing was built in 1971

The average age of residents is 83 years. Residents have lived there for up to 26 years and are well integrated into the community through intergenerational programs with schools and other activities.

Dania Society offers: the Dania Home, with 72 units of residential care; three low rise buildings of independent subsidized apartments with 115 units of one bedrooms and bachelors, and will be building a 30 unit life lease project, available for less than fair market value with 1 1/2 and 2 bedroom units with access to all programs currently offered by Dania.

Six years ago the society adopted a supportive housing philosophy to accommodate the changing needs of their residents. Residents may continue to live independently and receive homemaker services if they are eligible or choose from one of two supportive packages. It is intended that the resident will pay no more than \$1,100 per month, including rent, if the full package is chosen.

***Full package \$700/month***

- three meals a day
- laundry and housekeeping
- assisted bathing
- lifeline emergency response
- activity program

***Congregate meal program***

- \$4.00/meal
- gather in main dining room, family style
- order ahead, 24 hour cancellation
- meal may be taken at home if necessary due to illness or convalescence

**Profile of Independent Subsidized Housing in BC**

I will be referring here to housing for seniors that is subsidized and perhaps put

into context what is required to ensure that our aging population has access to affordable, safe and supported housing so they may stay in the community of their choice regardless of income or level of need.

**Availability:**

• Non-profit public, private and co-op seniors units in BC	22,960
• Directly managed by BC Housing	4,389
• Total social housing for seniors 55 and over	27,350

**Number of Seniors Units allocated and who funded them:**

• 1991 Federal/Provincial	451
• 1992 Federal/Provincial	348
• 1993 Federal/Provincial and Homes BC	165
• 1994 Homes BC	160
• 1995 Homes BC	54
• 1996 Homes BC	65
• 1997 Homes BC	N/A

Waiting list for those 55 and over as of September 30, 1997 was 1,780, down 15% from one year earlier. (Information provided by BC Housing, October 1997)

Of the 454,411 BC seniors receiving OAS 143,570 or 31.5% of them receive maximum or partial OAS/GIS (Ministry of Finance & Corporate Relations, Oct. 97.) That means they are earning an income of approximately \$900/month. For those 143,570 seniors, there are 27,350 units of subsidized housing, leaving potentially 116,220 seniors paying over 30% of their income for shelter. As of October 31, 1997, 12,512 BC seniors received SAFER (Shelter Aid for Elderly Renters) cheques, leaving 103,708 seniors who may be paying more than 30% of income for rent.

**Physical Plant and Environment**

Eligibility changed from seniors only to 55+ and those on disability pension. These buildings take on a variety of shapes and sizes depending often on when they were built. They may be 20 storey high rises of bachelor suites or three or four storey buildings of all one bedroom. There are more bachelor suites built than one bedrooms. Some older low rise buildings may not have elevators

Buildings are usually well located near shopping, bus and often close to seniors centres. They may or may not have a tenant association, do not as a rule provide a meal program, and do not as a rule offer a floor monitoring program.

Storage is always at a premium, and units do not easily accommodate scooters, walkers or wheelchairs. Support programs vary depending entirely on the society or management's operating philosophy or vision

### **The Importance of Adapting Existing Housing**

Although this housing may not be completely suitable it is critical that we make full use of it. There are not many developers today interested in building market rental housing and we know that the number of subsidized seniors units being built has been drastically reduced. Furthermore, where will these tenants go as their needs change? With some careful planning and with the cooperation of both the Ministry of Housing and the Ministry of Health there is no reason why the majority of those seniors cannot stay put.

I refer back now to my opening statements. What we need in this province is a seniors housing strategy. A strategy that has had wide input and consultation. A collaborative approach to the needs of our aging population. An approach that includes the ideas and visions of people brought together at this conference.



## NEIL PRASHAD

This panel is focusing on innovative and supportive models of seniors housing and care. Innovation, I believe, is often precipitated by the need for change.

For one seniors care facility built some 25 years ago, embracing change was a matter of survival. I would like today to quickly relate the story of The Salvation Army's Southview Lodge. My intention in telling you this brief story is simply to relate a scenario where the imperative for innovation was used as the catalyst for creation of affordable seniors accommodation in an era of shrinking or nonexistent government subsidies.

Affordability in the past referred to some element of subsidy and Southview Lodge was no exception. The project was built 25 years ago as a licensed 115 bed Personal Care facility. Although the facility has never received any government subsidy of any kind since its opening, it continued to deliver affordable care for seniors in South Vancouver with The Salvation Army absorbing deficits and annual operational cost increases over the years by internally subsidizing the facility rather than raising rents. Eventually, as you may expect, this operational philosophy became increasingly difficult to justify - especially since the building itself was really no longer viable as a desirable living environment. Its suites were very small bed-sitting rooms (about 150 to 200 square feet) with shared washrooms. Given this scenario, something had to change or the facility was going to be permanently closed.

After a considerable amount of research and consultation with care providers in South Vancouver, the Ministry of Health, industry professionals and within its own ranks, The Salvation Army agreed to implement a bold program of change aimed at maintaining some - but not all - of the affordable Personal Care beds while simultaneously pursuing the creation of a true aging-in-place continuum of housing and care options specifically tailored to the seniors living in South Vancouver.

I was hired in 1995 to assist The Salvation Army with the formulation and implementation of this redevelopment plan.

Determining the development program was perhaps the easiest part of the process. Two separate market studies, numerous meetings and discussions with government officials and care providers illustrated a need for seniors environmentally supportive serviced housing (what I call congregate housing); an adult day centre with outreach health maintenance programs; a component of respite and/or convalescent care beds; and a Multi-Level Care facility which included extended and even palliative care beds.

The Salvation Army decided to try to provide them all in its grand master plan for re-development of the 4.5 acre site. In this scheme, the existing buildings

would be sequentially demolished to make room for a phased building program starting with a 57-unit congregate housing wing then the construction of a 98-bed Multi-Level Care facility where the ground floor would house the seniors community based wellness centre, the respite/convalescent beds and other outreach services.

In this manner, the completed complex would provide supportive services for neighbourhood seniors living independently in their own homes, then allow them to move to the congregate apartments when they required supportive housing with services, and then to the Multi-Level Health Care facility in time. As such, The Salvation Army's stated goal of aging-in-place until death would be achieved.

Realistically, in order to implement this ambitious master plan, it was acknowledged that the financial plan had to be bulletproof. Re-development meant borrowing capital and borrowing meant having a cogent financial plan and covenant to make lenders comfortable enough to provide competitive construction and long term financing.

Maximizing the value of the property for leverage was an important part of this equation. The initial 12 months of the project were spent trying to re-zone the property for the intended re-development plan. Most rezonings are difficult and this was no exception. Ultimately, however, we were successful and the resultant density increase added more than \$2 Million of property value which of course allowed added comfort for the lender in terms of covenant for leverage.

It should be noted that The Salvation Army had decided to contribute the land at no cost so that a true economic benefit would flow through to the consumers in all phases of the re-development plan.

Phase one, as previously noted, involved the demolition of one wing of the existing Southview Lodge building and the construction of 57 new, state-of-the-art independent living seniors apartments with services in its place. This \$5 Million development program is well underway and in fact the new congregate apartments will be open for occupancy in July 1998.

The financial plan for Phase One envisioned maintaining 47 affordable Personal Care beds and making 15 of the 57 new congregate care suites affordable. Indeed the remaining 42 new congregate care suites are all priced at or near the low end of the market for congregate care in the Lower Mainland.

One of the key factors in affordability planning for the new congregate apartments was The Salvation Army's acceptance of relatively aggressive marketing to achieve and maintain rapid lease-up. Although it was sometimes difficult to justify, especially in the initial budgeting exercises, a modest budget was allocated for pre-opening marketing efforts. We opened the pre-leasing presentation centre for these new congregate apartments on October 6, 1997 and

to date \* nearly 80% of the units have been pre-leased. Opening with virtually all of the suites occupied on day one realizes significant operational cost savings. The economies derived from high occupancy have been reflected in the planning for lower rental rates.

Financing for Phase 1 was aggressively pursued as well. We structured a Request for Financing Proposal Call process that involved pension funds, chartered banks and life insurance companies. In this manner, we ensured that all bases were covered in terms of seeking out the least cost and most competitive financing for the short and long term financing required. CMHC mortgage insurance was also seriously considered as an option. Ultimately, the most economically beneficial financing was secured from a lender using a combination of floating rates during construction and a 10 year long term take-out loan that is set by a program of Bankers Acceptance interest rate swaps.

Next, the decision to sequentially rebuild allows the use of many amenity and service spaces in the remaining complex. In this manner, the new congregate apartments are actually very efficient in terms of the benchmark ratio of rentable compared to gross buildable area. This economy is obviously not available in new stand-alone congregate buildings, but in this instance, the opportunity was available and it is maximized to the direct benefit of affordability in the Southview Terrace congregate apartments.

Finally, operating a new lifestyle oriented congregate building as part of an existing 47 bed Personal Care complex would also create challenges for staffing and service delivery systems design. In this instance, the operating costs for the overall facility will be reduced since the new congregate apartments will require less staff than the remaining Personal Care wing, as well as allowing economies of scale in the delivery of dining and laundry services.

In summary, I feel that this project is a good illustration of change precipitating a program of innovation. In addition, The Salvation Army has chosen to re-examine the way it develops and operates seniors facilities and to implement innovations wherever realistically possible in every step of the development process. As a result, the processes of design, programming, marketing, financing and operations planning have been dissected to wring out the maximum cost efficiency. These efficiencies have ultimately been reflected in affordable rents. It seems to me that if there is a common underlying theme to all of the presentations you will hear today it is that the seniors housing and health care industry is rapidly evolving and there is a need to communicate and discuss the forces of change affecting our daily efforts as educators, practitioners, designers, researchers, and so on. It is this exchange of ideas and information that will allow us to deliver the most responsive and cost efficient accommodation and care services for the elderly.

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\* Editor's note: by Nov. 7, 1997.

JOHN JESSUP

## The City of Vancouver's Abbeyfield Project - An Opportunity Beckons

"Great ideas have small beginnings"

-T.E. Lawrence, Seven Pillars of Wisdom

The first step in laying the ground work for the Abbeyfield Project began with an amendment to the City's Zoning and Development Bylaw in 1989 to make "congregate housing for seniors" a legal use. Congregate housing for seniors, in the Bylaw, is defined as, "Special Needs Residential Facility - Congregate Housing," which means any facility that provides residential units for six or more persons aged fifty-five years or over who are not a family, where shared separate kitchen and dining areas are provided and where accommodation for a resident housekeeper may be provided." A Residential Unit as defined in the Bylaw, "means a sleeping unit, housekeeping unit or dwelling unit." As a Special Needs Residential Facility, Congregate Housing is a conditional approval use in most residential and commercial zones of the City.

The City of Vancouver purchased the City's first Children's Hospital built in 1923, and a "B" Class building on the City's Heritage Register, at 8264 Hudson Street in the Marpole area of Vancouver, on February 24, 1990, for a total purchase price of \$716,000.

Thus began the process of building design, rezoning and construction which ultimately lead to the opening of the first two Abbeyfield homes in Vancouver which were to house a total of 18 older single seniors.

In order to increase the capacity of the site to accommodate two homes, and thus house twice as many seniors and make the project financially more viable, the property had to be rezoned from the original RT-2 (Two Family Dwelling District) to CD-1 (Comprehensive Development District). CD-1 is the generic title given to a site specific rezoning which permits the development of a particular project and no others. In this way, the zoning is able to reflect the unique features of the development as well as any relaxations which are necessary to ensure the project is viable.

The total gross floor area required to develop the two Abbeyfield homes was 11,526 SF.

On a site of 10,514 SF, this required a Floor to Space Ratio (FSR) of 1.1. The maximum FSR allowed under RT-2 is 0.75. The necessity of developing two self-contained homes on the site, instead of only one home permitted under the RT-2 zoning, further made a rezoning imperative.

In addition, as a condition of rezoning, the Heritage House was legally designated a heritage building by the City.

The proposal was to develop two (2) completely self-contained Abbeyfield Homes on the site, one in the existing heritage house, the other in a new Coach House to be constructed in the rear yard of the property. Each was to have 9 self-contained bed-sitting room suites. "Self-contained" is zoning parlance which means that each suite was to have its own bathroom.

In the final plan, a few suites had only a two-piece bathroom with shared showers and bathtubs down the hall. Each Abbeyfield Home was to have a house co-ordinator who would reside in a one-bedroom dwelling unit with an adjoining but separate self-contained bedroom for relief staff. The two houses were to be linked at the main floor by a two-story solarium. A small elevator, located just off the solarium, served the residential floors of both houses.

The kitchen, dining and living rooms for both houses are located on the main floor. The house co-ordinator's dwelling for the Coach House is located on the ground floor of the Coach House. The house co-ordinator's suite for the Heritage home is located on the third floor of the Heritage House.

The residential suites are an average of 188 SF. for the Heritage House and 199 SF. for the Coach House. These measurements include built-in closets and a two- or three-piece bathroom whichever the case may be. Of the 18 suites, only 7 have a two-piece bathroom, with 5 of the two-piece bathrooms being in the Heritage House. The slightly larger suites and the lesser number of two-piece bathrooms in the Coach House result primarily from the greater flexibility available in new construction.

The kitchen, dining and living rooms in total ranged from 480 SF. in the Coach House to 546 SF. in the Heritage House. A 250 SF. solarium in the corridor joining the two houses is shared by both sets of residents. Relative to the total gross square footage of each of the houses, on the average about 11% of the space is devoted to shared amenities.

Parking requirements were relaxed from 15 to 5 spaces, as this was all that could be physically accommodated on the site and it was anticipated that none of the 85-year old plus single residents would own cars.

The lease was executed sometime after the houses were occupied by the Abbeyfield Homes Society and included several innovative features which reflected the unique character of the project and its funding.

The project was funded entirely by the City of Vancouver. There were no federal and/or provincial subsidies available for the project. The total capital cost of the Abbeyfield project in 1992 dollars was about \$2 million. This was comprised of

\$716,000 to purchase the property, \$1,050,000 to construct the Coach House and renovate the Heritage House, and \$225,000 in development fees and charges. Since the property when completed was to be leased to Abbeyfield Homes Society for 60-years, the cost of the property was discounted by 25% to \$537,000, and a City grant from the Neighbourhood Housing Demonstration Program of \$314,000 further reduced the property cost to \$223,000. This brought the total cost of land, construction and development fees and charges to approximately \$1.5 million.

Since the project was to be self-funding, this meant that over the period of the 60-year lease the City should recover its capital investment plus a reasonable rate of return which was determined to be 4.0% per annum.

Various mortgage formulas were applied, conventional and index-linked mortgages and amortization periods, but all yielded a monthly mortgage payment that would push the project into a deficit position. Finally, it was decided to base Abbeyfield's annual lease payment to the City on the net income from the previous year, with an adjustment at the end of the year to reflect the actual net income from the current year. In this way, Abbeyfield would be paying the City an amount of lease rent it could afford. Further, it was determined that the net income should be split between Abbeyfield and the City in order to provide an incentive for Abbeyfield to maintain full occupancy and operate the houses in a fiscally prudent manner. To this end, Abbeyfield was to pay the City 85% of its annual net income and retain 15% for its own purposes. Once the City's contribution, principle and interest, had been paid, the net income will be split 50/50 between Abbeyfield and the City.

While the Abbeyfield philosophy holds dear the proposition that income should not be an impediment to enjoyment of the Abbeyfield lifestyle, City staff pressed the Board to consider a mix of incomes for seniors residing at the Hudson Street homes. Moderate income seniors were to be considered up to an annual gross income of \$35,000 and lower income seniors were to be considered up to an income of \$18,000. The ratio of moderate to lower income seniors was to approximate 2 to 1. And, when calculating the total income of a senior, any SAFER (Shelter Aid for Elderly Renters) grant received should not be counted. And, provided the City approves, exceptions to the rules are possible.

The City assumed the responsibility for (a) repairs of deficiencies in materials and workmanship due to the original renovation and construction contract; (b) maintenance of the exterior including painting and reroofing; and, (c) structural repairs. Further, the City may elect at its sole discretion to help Abbeyfield pay for repair or replacement of major equipment or fixtures. With these exceptions, Abbeyfield is responsible for generally maintaining the buildings and grounds in good, safe and sound repair.

Appendix A

Project Capital Cost

The capital cost of the project was as follows:

60-Year Lease @ 75% of Purchase Price	\$537,000
Renovation of Existing Heritage House	\$399,140
Construction of New Coach House	\$651,875
Development Fees and Charges	<u>\$223,889</u>
Subtotal	\$1,811,904
Less: Neighbourhood Housing Demonstration Grant	<u>(\$314,000)</u>
Net Capital Cost	\$1,497,904

IAN ROSS

## Residential Options Spanning the Spectrum of Dementia

The following summary outlines what I would like to present to you today:

1. Alzheimer Society of BC- our role in the dementia partnership in BC
2. A blueprint for action - the Alzheimer/dementia strategy for BC Why is it important to have new residential models of care for persons with dementia?
3. Design principles for dementia care programs and environmental design.
4. Four successful residential models to build on for BC
5. Issues to be resolved as we move towards embracing alternative models of dementia housing and care.

I would like to begin with an overview on the Alzheimer Society of BC. The Alzheimer Society of BC was established in 1981 and is a Provincial non-profit Society in business to provide Support, Education and Advocacy services to persons affected by dementia and to provide a focus into Alzheimer Disease research.

We have divided BC into 14 regions which parallel the Health region boundaries. Each region has a Regional Resource Centre and a Regional Representative (who are paid staff) connecting to a provincial support network of over 100 communities in BC. This means that British Columbians have access to over 100 support groups or contact persons across BC.

The Provincial Society is an independent society, however we are affiliated with Alzheimer Canada in Toronto and to Alzheimer International in London, England. We are part of a world-wide Alzheimer movement. The Alzheimer Society of BC is a unique non-profit organization mainly because the Society receives no ongoing money into our operating budget from any level of government. This has been a conscious decision by our Volunteer Board - not to become reliant on government funds. The BC Alzheimer Society's annual budget is \$2.4 million and comes from donations and fund raising activity across the province.

In this time of regionalization in our government structures across Canada and in particular in our health and housing sector in BC, we find ourselves operating in a somewhat foggy decentralized structure. Our main vehicle which enables us to climb out of the fog is our Alzheimer/dementia strategy for BC In this document we advocate for a balance between the private sector, the government sector and the non-profit sector. In BC at the moment, there is very little evidence that these three important sectors understand each other.

I believe that the only way we will be able to manage our health care system in the future is through partnerships today that teach us how to value each others critical role and provide a balance between the private/public and nonprofit sectors.



The Alzheimer Society of BC is an example of a nonprofit organization partnering with the business community (1/3 of our volunteer Board members are from the business community) with about a third of our revenue coming from the corporate sector. The majority of the rest of our revenue comes from individual donations and fund raising activities. Though none of our operating budget comes from government, we have a good working relationships with the local Health units across BC.

We are trying to secure a commitment from the Ministry of Health to join us in our Alzheimer/dementia strategy for BC I live in hope of that happening. My hope is based in reality in that we have discussed this issue with Joy MacPhail last September, 1997 and have a meeting planned with the Minister herself, Penny Priddy in two weeks to discuss this very issue - the dementia partnership.

In your handout you will find the Alzheimer/dementia strategy for BC. This document provides a vision, guiding principles and a practical plan of action for fulfilling the Societies' mission. As we work with the Regional Health Boards and Community Councils, this document (which is updated every 6 or so months) is a constant in every region of the Province with each region focusing on a different combination of issues.

One last point on the Alzheimer Society: - because it is difficult to differentiate between Alzheimer's, Multinfarct and other related dementias, the Alzheimer Society of BC provides services to persons who are affected by related dementias as well as Alzheimer's.

Now I would like to touch briefly on the disease condition itself. As I am sure many of you know dementia is a Greek word for "lost mind." Dementia can be divided into Alzheimer Disease at approximately 65%, cardiovascular/multinfarct dementia at roughly 20%, and a general category - other dementias including Parkinson's dementia at 15%.

As of 9 am this morning there was no known causes or cures for AD. There is however, one drug which has been approved in Canada called Aricept which provides a small improvement in some persons with AD who are in the early to mid stages of the disease. This treatment has not been approved on the Drug formulary in any provinces in Canada and should be. The Alzheimer Society of BC supports equal access to this 'class of drug' for British Columbians. By this time next year we hope to see three or four new treatments available in Canada. There has been a great improvement over the past 5 years as we are now able to attract some of the best research minds to work in dementia research.

As most of you in this room know, AD is age related - 5% of individuals have AD or a related dementia over 65 with that number jumping to near 40% with

individuals over 85. In BC today, these percentages translate into over 42,000 individuals with dementia and this figure will increase to over 50,000 by the year 2000 and in 10 short years to 58,000. After 2010 the dementia population really takes off.

What those figures mean is that everyone in this room will be either directly or indirectly affected by this disease, so you had better join us in developing new housing models so we can rest assured in our old age.

Today about half of the people with some form of dementia live in the community and the other half reside in some type of facility. Many of the facilities that are in place today were not designed for persons with dementia. Unfortunately for the vast majority of British Columbians there are only two housing options if you have dementia. You stay at home, usually longer than your caregiver can handle or you go to a facility with another 100 or so residents.

The Alzheimer Society of BC has spent the past five years attempting to add more housing options for persons with dementia. This has been a difficult road, however, over the past two years we have begun to see a faint light at the end of the tunnel.

The good news is - we now know a great deal about how to manage individuals in the various stages of dementia. As the disease progresses different management techniques must be considered. And most importantly, housing persons with dementia is not complicated, in fact it is mainly common sense.

For example, one critical housing issue for persons with dementia relates to the amount of stimulus individuals with dementia receive in their daily activities. The successful dementia environments have low stimulus. How can we achieve low stimulus in our presently designed facilities? What should a newly designed facility look like?

An important idea we are now moving on in response to these questions comes from Europe. In today's European experience, where many countries have 20% of their populations over 65 years of age, they have proved to themselves that persons with dementia function at their best in groupings of no more than 6-8 people. In Europe today there are thousands of 6-8 bed homes for persons with dementia. Where are these homes in BC? My short answer is - a few have slipped through the cracks and are in operation and others are finally on the drawing board in BC while in the rest of Canada they are being built.

#### Existing Challenges

- Many people with dementia in BC live in care facilities which are not designed for persons with dementia and do not meet their needs.
- The criteria for special care units in Intermediate Care facilities are

inconsistent across BC in regard to their mandate, admission requirements, staffing ratios, and unit design.

- The Ministry of Health has not adequately addressed the question of whether dementia care is the same as psychogeriatric care.

### **Alzheimer Society Strategy**

The Alzheimer Society of BC is advocating for pilot projects to evaluate new housing models. Group home housing options have been successfully tried in several European countries and are being piloted in six Canadian provinces and a number of US states. Another Australian model has proven to be cost effective and to provide high quality dementia care. We will continue to pursue our proposal for a group home demonstration project which the Society submitted to the Minister of Health in July, 1993.

Why is it important to have new residential models of care for persons with dementia? Hopefully you can answer that at the end of this session. Unless we radically change our direction in BC, the majority of persons with the disease will end up in 100 + bed facilities under the medical model and eventually this system will bankrupt our health care system.

There are two models - the Medical model and Residential model of care. The Medical model has its place throughout the progressive deterioration of the Alzheimer disease process for medical interventions and in the very late stages, but not as a model of residential care.

Generally speaking the AD process affects individuals from 2 to 20 years with an average disease process of 8 years. Generally speaking individuals with dementia for at least 6 years out of this average of eight years need a residence not a facility. The Europeans looked at their institutions which were predominately from the medical model and began to explore an alternative model. I believe that we must move away from the medical model of care for persons with dementia and address the existing housing problem first and foremost as a housing problem.

What is the role of the Alzheimer Society in advocating for new approaches in housing and care for people with dementia? Firstly, by defining a preferred system of care and housing. Secondly, by participating in design and evaluation of new models, perhaps even building and operating new models?

I will now outline four successful models to consider for BC:

The first model was originally designed in Australia and is called the ADARDS model. This model has been modified and is presently being built in the Ottawa region.

Through a partnership between the Alzheimer Society of BC and the South Fraser Health Board we are in the first phase of designing a similar residence with four 9 bed houses connected in the middle with a fifth house. This model is suited to a region with a large seniors population base.

A similar model is being planned in the Simon Fraser Health region with three 8 bed houses, one of which is a respite care house, all connected to an outreach centre housing day care, a bathing program, and meeting space including counseling and education for family care givers. It is an integrated approach to dementia care and management.

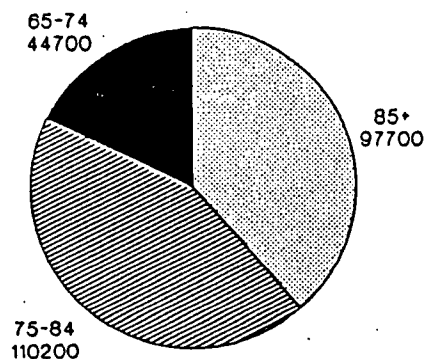
The second model was originally designed in Pennsylvania and has been modified in Edmonton, Alberta and involves three connected houses of 10 beds on the same campus as a long term care facility.

The third model is a stand alone 10 bed home in Moncton, New Brunswick which is privately owned and operated with no funding from government.

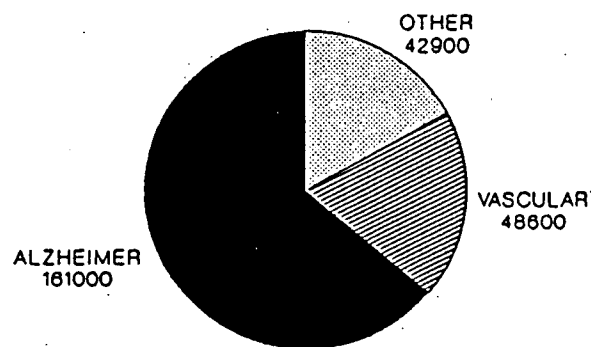
The fourth model is a five bed Specialized Adult Residential Care Home in Oyama, BC. This home is privately owned with funding for all five beds. The owner/operators live upstairs with the dementia residents living on the main floor. There are three singles and a double. The 4000 square foot home is on a gentle slope which allows both upstairs and downstairs access to the level ground each with separate entrances. They have used many of the design principles I have just outlined.

Another exciting development on Vancouver Island is a brand new facility called the Priory Heritage Woods in Victoria. This is a 75 bed residence for persons with dementia, separated into 6 cottages of 12-13. Fiona Sudbury has had her hand in on the design of this project and has been able to add many of the design features. The keys have been passed on to the staff today - a brand new model.

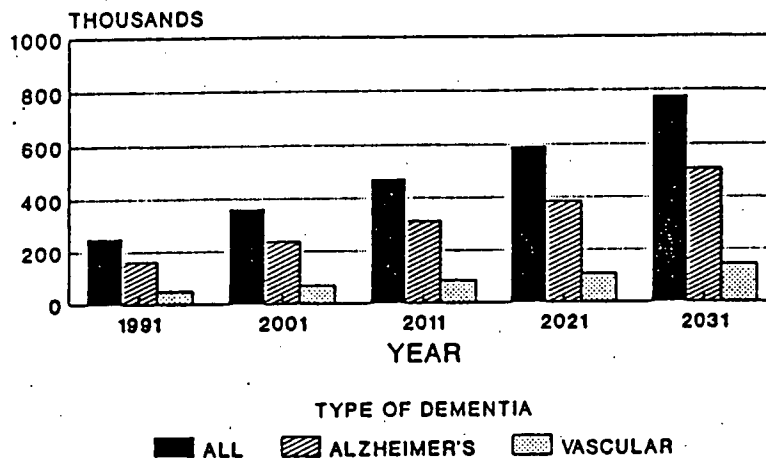
# PREVALENCE OF DEMENTIA ALL REGIONS BY AGE



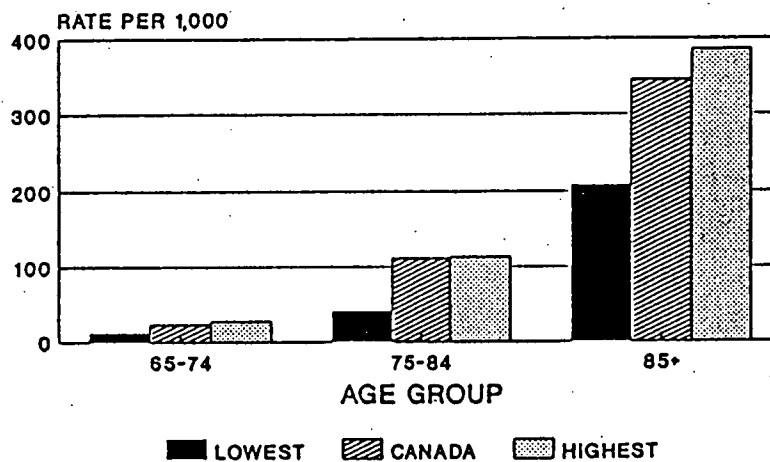
# PREVALENCE OF DEMENTIA ALL REGIONS BY TYPE OF DEMENTIA



## PREVALENCE PROJECTIONS CANADA 1991-2031



## PREVALENCE OF DEMENTIA COMPARISON WITH OTHER STUDIES



The following is a presentation given for Alzheimer Canada in April 1998 by Fiona Sudbury, Clinical Nurse Specialist in Dementia Care.

***Is Small Beautiful? Design principles for dementia care programs and environmental design***

A continuum of care services is required for people with dementia. Home-based care, prepared meals, in-home respite and companionship are needed. Day care, respite, night care, foster care, group homes and nursing home care are all important options. Individually tailored combinations of services and environmental modifications can make it possible for people with dementia to remain at home longer into the disease, e.g. Whitehall Court seniors' apartments with day care running in one flat; new electronic monitoring technologies can detect falls or stoves left on, or track a wandering person in the community. For those that must be placed in care facilities, new or renovated care facilities must be available that embrace the qualities of "home" and the normalized life patterns that they imply. This can significantly improve the quality of life in long term care.

Important criteria for dementia residential facilities include a non-institutional appearance from the street; a residential in character that blends in with the neighborhood. Avoid institutional building styles and materials such as large, unbroken building masses, steel, concrete, plastic laminate.

Smaller groupings of residents (8 to 12 or 13 per group?) are ideal. Larger groups of people produce more noise, more movement, and more distractions that can produce anxiety. Smaller groups of people promote friendship, socialization, and closer relationships between staff, residents and families. They may also reduce the need for sedating medications. Pragmatic considerations such as available space, staffing and budget must be taken into consideration. To the extent possible, the environment should be designed so that residents feel they are part of a small group. Depending on the level of care, it seems difficult to go below 12 or 13 residents per grouping due to staffing costs. Economies of scale can be achieved by breaking down a larger grouping into several smaller groups, while benefiting from centralization of support services.

The goal should be to create a domestic, "homelike" environment rather than an institutional one. This is a constant theme, and one that is therapeutically important. What is home? Of course it is different for each of us. But a domestic environment can be created by using familiar furnishings and recognizable living spaces and objects. Living rooms not "day rooms".

Long term memory remains relatively intact until the later stages of the disease. Things from the past are very useful to provide opportunities for reminiscence, social interaction and meaningful activity. Life story books and family albums help caregivers get to know the resident and their history. Create personalized

spaces in bedrooms by having some of one's own belongings and furnishings and contribute to a sense of ownership and control. Normalized yet adaptive bathing facilities are another area requiring special attention.

Also include a choice of areas that afford privacy or socialization. The need for supervision and surveillance often reduces privacy. In the absence of any physical privacy, people may withdraw further. Create opportunities to join the group or sit back and observe. There is also a need for intimacy when visiting.

The preference is often for single room accommodation but not always. Resident bedrooms should be grouped together in a semiprivate area away from a route for visitors and deliverers, and removed from living and activity areas. Private rooms should be provided for many individuals due to the difficulty of managing nighttime behaviors. Shared rooms can work for residents who sleep well. Shared rooms are the norm in many older nursing homes. In these situations, a great deal of additional energy must be expended by nursing staff moving residents from room to room to find appropriate room mates. Reducing the number of residents sharing bedrooms can make a significant difference to quality of life.

Toilet facilities should be clearly visible to residents. Incontinence is common in later stage dementia. Preserving privacy and dignity is essential. This can be a very time-consuming activity for staff. Toilets should be plentiful, clearly identifiable and easy to use.

This leads to a discussion of easy "wayfinding" for residents. Residents with dementia need to receive multiple "cues" in order to perceive and understand correctly. Color-coding can be very useful if used in a consistent manner. A resident's room may be made more identifiable by the use of a distinctive color and photographs. Combinations of picture and word sign content increases recognition potential.

Access to an enclosed outdoor space for residents is important. Residents should be able to wander safely by means of a continuous path that leads from the inside to the outdoors, has a secure perimeter, and provides interesting vistas. Provide a secure environment with a minimum of dead end situations and obviously locked doors. This is a vulnerable population, thus good security is essential. Very few regulations and codes have been set specifically for people with dementia. Coded access/magnetized doors are superior to bracelet/alarm systems. Wandering can also be deterred by "masking" entrances and exits.

Part of a low stimulus environment means a minimum of extraneous noise, through traffic and distractions. Service delivery should be unobtrusive. Sensory overload is common in traditional nursing homes and contributes to behavior problems. New designs place service delivery away from resident areas.



Promote "ordinary daily living" for residents. Reduce reminders of sickness and dependence, i.e. nursing stations and care routines. Daily patterns of living must be carefully planned for people with dementia due to "progressively lowered stress threshold" and sundowning behaviors. Careful regulation of stimulation is necessary. The goal is "stimulation but not stress". Some examples of how to achieve this include:

1. Consistent caregiver assignments. They must "know" their residents. Flexible breakfast times for "larks and moles."
2. Resident participation in meal preparation and set up
3. Staff taking meals with residents.
4. A vigorous walk or exercise program mid-morning
5. Resident participation in laundry work
6. A rest or quiet time following lunch
7. A social tea time and fun activity in the afternoon
8. Family visits and evening socials. All daily activity planning must take into account individual preferences.
9. A central activities focus to the house i.e. kitchen. living room
10. Spaces should be provided for supporting activities that are familiar to residents, such as cooking, baking and gardening. Active and passive participation should be encouraged. Cooperation with personal grooming activities can be encouraged by the creation of a "beauty salon" area.

Issues in moving to the alternate models of dementia housing and care include:

- Public and professional understanding of dementia.
- Ageism and an over-emphasis on safety without equal regard to choice, dignity, independence.
- Building codes, government acts and regulations are ill-suited to dementia care.
- Costs of renovation and new buildings to meet future demands.
- Cost of staffing, division of labor, staff mix and numbers.

## Rapporteur's Summary

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by Brenda Hearn

Supportive housing is a relatively new area in the seniors' housing industry, which has evolved for a number of reasons. First, the number of Personal Care beds has been cut dramatically since Continuing Care ceased funding for this level of care. Secondly, more and more seniors wish to remain in their own homes throughout the aging process, to achieve aging in place to the fullest extent. The final reason for the increased need for supportive housing is the limited building of subsidized housing. In general, supportive housing is a cost efficient means by which seniors can remain independent while receiving the services they require to live a healthy older age.

Although supportive housing seems to be "the answer" to many of the housing and care needs of today's seniors, there are some challenges and barriers. One of these barriers is the phenomenon of aging in place within the supportive housing environment itself. By definition, supportive housing is affordable and adaptable housing which offers meals, housekeeping, some Personal Care services, and Emergency response systems. Licensing, however, proves to be the force that often does not allow seniors to age in place in these supposedly "supportive" environments. Current legislation stipulates that care can only be provided in licensed facilities. Licensed facilities are highly regulated, thereby reducing the flexibility, adaptability and affordability of the environment. Thus, seniors living in supportive housing environments cannot receive care as their needs increase. Instead, they are often forced to move to a higher level of care, thus shattering the dream of "aging in place."

Some seniors housing specialists agree that the only true model of "aging in place" is the multi-level residential model. This option, although often unavailable, allows seniors to move through the "continuum of care" on one site as their needs change. This model of housing will surely encourage what Prashad (1997) terms, "aging in place till death".

Although the supportive housing option seems to be the answer for today's seniors, developers must take caution. If you build it, this does not guarantee that they will come. Some supportive housing projects, including Abbeyfield Houses, find that their units are "difficult to let". Often, this results from the high costs associated with living in a supportive housing environment. Existing projects in the affordable range average between \$800 and \$1200 per month. There are also many more expensive options.

Supportive housing environments have also proved to be useful for small groups of dementia patients. Until recently, Special Care Units in existing care facilities

were viewed as the only viable option for housing dementia patients, but organizations such as the Alzheimer's Society are exploring alternative arrangements that have thus far proven successful. Each of the models explored involve small groupings or no more than 10 dementia residents in one house, or part of a house. With the number of those afflicted with Alzheimer's disease expected to rise to 50,000 in British Columbia by the year 2000, it is of utmost importance that community alternatives are examined. At present, the two major options for people with dementia are either to stay at home, or move to Long Term Care.

Often, developers of supportive housing projects do not recognize the extent of aging in place and do not plan accordingly. In some instances, activity directors have functioned as caretakers for large complexes of seniors who require additional support. In other cases, meal programs have failed because of lack of demand, or inexperienced staff. It seems that many developers are not planning for the future of the seniors they serve.

The challenge is to plan for changing needs by designing flexible and adaptable housing, programs, and service options. This challenge can be met by forming partnerships between groups for funding, as well as sharing expertise between sectors, including housing, hospitality and health care.

The solution to the "riddle" of aging in place comes through a linkage or bond between housing and services. It must be realized that, as seniors age, housing and care become interdependent on one another. The critical link between housing and care can be created in an atmosphere of flexibility and partnerships.

# Chapter 4

## LOOKING AT HEALTHY COMMUNITIES

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### Introduction

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by Mary Ann Clarke Scott

The panel on healthy communities was designed to highlight the important role that health care policy and planning and the provision of supportive services to seniors aging in the community play in the aging in place equation. Much of the conference was dedicated to the discussion of the physical environment, which allows or inhibits aging in place, with an obvious emphasis on housing. However, as several panelists point out, housing alone does not fully address the question. A living environment that does not pose significant barriers works together with the larger community in facilitating aging in place. Health care and supportive services must be available and accessible to the expanded ranks of seniors aging independently in their homes and neighbourhoods. We must look at the network of supports and services, and the attitudes and values that these networks reflect, as well as the broader physical context of the neighbourhood and community, to thoroughly address this issue.

Questions concerning not only health care, but also continuing care of the elderly and disabled within the context of neighbourhoods and communities need to be discussed. This embraces issues and definitions of independent housing, supportive housing options and nursing care, in addition to transportation, support services and facilities providing health services, recreation, day centres and respite care, among many others. Fortunately this generation of policy analysts and planners have identified the broader determinants of health. At last we can discuss housing and health in the same breath, and look to joint solutions to long-standing as well as emerging problems. The route to understanding and improving this complex network and broader view of the living environment may lie in the diverse perspectives of this panel's presenters.

Moderator Keith Anderson brings a wealth of experience in health care administration, first through Queen's Park Hospital, and then in his role with the Simon Fraser Health Region. Geri Hinton gets things started from the broader, provincial government perspective, particularly in regard to new directions linking health and supportive housing that address real, hard to solve issues for the frail elderly living in the community. Linda Rose provides an overview of the challenging task facing health regions in both planning and implementation of decentralized health care management, with an emphasis on the consultative process that is so key to this new approach. This demonstrates how the new health care approach is very much a part of our communities.

Continuing this theme, at the level of the community and the neighbourhood, Clare Gram, Vicki Scott and Margaret Fraser each relate their experiences and knowledge gained, through research and programs, about the needs of seniors living and aging "in place," and how care and attention to these needs can help us to meet their physical, social and emotional needs. Dr. Margaret Fulton concludes with a challenge to the status quo in the very basic terms of philosophical framework for all of society. Changes in attitude and fundamental values, she argues, are what is needed to re-integrate and empower the elderly as full members of society.

Panelists were invited to present a wide array of views and experiences to help sketch in the landscape within which aging in place occurs, one which emphasizes the importance of the broader community and all its supports and amenities in facilitating healthy and independent living in the community. Here they present stimulating approaches ranging from philosophical and structural to grass roots activism, and including both traditional, unconventional and evolving political and planning strategies. Between the lines we may find inspiration for our current and future efforts to address the needs of an aging population while there is still time to plan. In doing so, we may find that we create safer, healthier and more livable housing and communities not just for the elderly, but for everyone in the years to come.

### **Moderator: Keith Anderson**

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Keith Anderson is the Vice President of Simon Fraser Health Region. He oversees community home care, rehabilitation services, and residential services for one of BC's larger urban health authorities. Keith is also a doctoral student in Gerontology at Simon Fraser University. He is active in the American Association of Healthcare Executives, and is a Certified Health Executive with the Canadian College of Health Executives. He has an adjunct appointment in the Department of Health Care and Epidemiology at the University of British Columbia.

### **Panelists**

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**Geri Hinton** - is Director of the Office for Seniors at the Ministry of Health and Ministry Responsible for Seniors. She obtained her B.Sc. in Nursing at the University of Victoria. She has been recognized for her pioneering work in health for seniors. She has been the organizational consultant of the Institute of Gerontology in Victoria, and the Executive Director of a home care agency, as well as holding positions on many local, provincial and national boards. As Director of the Office for Seniors since 1993, her responsibilities include the

administrative and research support for the Seniors' Advisory Council, and the chair of the Interministry Coordinating Committee on Security for Seniors.

**Linda Rose** - is the Director of Contract Management for the Vancouver/Richmond Health Board. She has a B.Sc. in Nursing and an MCEd from the University of Saskatchewan. She has worked in Community Health for the past 25 years, in public health, home care, program development and administration.

**Claire Gram** - is the Midtown Community Health Coordinator for the Vancouver/Richmond Health Board. She has a Master's degree in Community and Regional Planning, and works as a Community Developer for the Vancouver/Richmond Health Board. She is currently involved in the Banners on Broadway Project, which aims to get more people active in the community, and to gain input from the public for inclusion in the local health plan. She is particularly interested in exploring how to reach the non-meeting attending public and using creativity in public planning.

**Vicky Scott** - is a doctoral student in the School of Nursing, Faculty of Human and Social Development at the University of Victoria. Her area of study is adult injury prevention. She is also a Director of the BC Paraplegic Association, and an Advisory member of the South Vancouver office of BCPA. She is Project Coordinator and Co-investigator of the Studies for Environments to Promote Safety - or STEPS Project, at the University of Victoria School of Nursing. This project aims to address the problem of injuries due to falls and missteps in public places among seniors and persons with disabilities.

**Margaret Fraser** - is Executive Director of the Capilano Community Services Society. She has a diploma in Community Education, and gained her early experience in the UK in the administration of Community Centres, and in a residential home for adults with physical and mental disabilities. In the mid-80's she worked in Ottawa with the Independent Living Resource Centre, and with a similar agency in Halifax, Nova Scotia, on developing support networks for people with disabilities. She coordinated the Meals on Wheels program in North Vancouver for four years, and has been in her current position since 1995. She has also chaired the Services to Seniors Coalition since 1993.

**Margaret Fulton** - is an internationally known educator and feminist activist. She has served as Dean of Women at the University of British Columbia and was appointed President of Mount Saint Vincent University in Nova Scotia in 1978, a post she held until her retirement in 1986. Dr. Fulton has played a leadership role in Elderhostel Canada, International Elderhostel and the International Council on Adult Education. She has also served as Chair of the Seniors' Advisory Council. Her primary interests have included finding alternatives to hierarchical organizational structures.

## Panel Presentations

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GERI HINTON

### **Maintaining Health in Aging: Expand Housing Choices to Fit Needs**

For many seniors there comes a time when they cannot manage to live entirely on their own. Home maintenance, grocery shopping, and meal preparation may be increasingly difficult and safety considerations become important. They may not yet be ready, willing or eligible for placement in a long-term care facility and so they begin to examine alternatives, often with the help of family members and/ or health care professionals.

The Seniors' Advisory Council has pointed out in their Position Paper titled "Shelter and Beyond: The Housing Needs of Seniors", that there is a need for a range of housing options between independent living and institutional care. Older persons want to have choices about where and how they will live. With the ability to make choices, they continue to have control over their own lives and thereby maintain their independence and dignity. Without appropriate choices, it is likely that many seniors will be inappropriate consumers of hospital and continuing care services.

The National Advisory Council on Aging (NACA) had identified "housing that is not adapted to seniors' needs....and the lack of innovative choices in residential arrangements" as two impediments to Canadian seniors' independence, and they recommended "providing an enabling environment ( for seniors ) through...a variety of housing options that support independent living".

The Ministers Responsible for Seniors from across Canada will meet in March, 1998 and supportive housing will be on their agenda. The goals for their discussion will be affordability, diversity and sustainability. They are aware that the provision of appropriate accommodation for seniors can potentially improve their quality of life and extend the time that many are able to remain living independently in the community.

The key to supportive housing is that it provides an enabling environment, one that makes few unmanageable physical demands, but also provides opportunities to continue an adult social life. Such a health-promoting environment can help the elderly maintain their independence and prevent, delay or even reverse institutionalization .

Existing community-based health and support services from the Ministry of Health and Ministry Responsible for Seniors, Health Authorities, and provincial and community organizations, go a long way to making a senior's present home more supportive. However they cannot always substitute adequately for the feeling of security and companionship generated through shared or congregate

living arrangements. Affordable housing that combines shelter, opportunities for social interaction, and support services is a desirable goal as an option for older people in BC.

Recently, the Office for Seniors, Ministry of Health and Ministry Responsible for Seniors and the Ministry of Municipal Affairs and Housing have received numerous letters from municipalities, particularly in the Lower Mainland, requesting that government coordinate a review of community-based group living alternatives for seniors and to provide guidance and recommendations with regard to legislation, regulations, policy and programs. I would like to acknowledge the work of Veronica Doyle, Manager of the Policy Branch in the Ministry of Municipal Affairs and Housing for her leadership in the preparation and planning for this review.

In evaluating types or models of supportive housing for application in a given community, there are a number of policy issues that must be taken into account;

- Does the community provide a range of supportive options that match the needs and preferences of its older population? (for instance, many communities lack affordable supportive housing for low and moderate income residents and rural areas may lack such options altogether.)
- Do the building form, location and access to amenities allow residents to function as members of a wider community? (for example, if "basement suites" are frowned upon in a community, is a person's self-respect diminished by having to live in one)?
- What is the impact of existing supportive housing options on the availability of housing more generally in the community?
- Does a given model require responsibility and assertiveness consistent with the abilities and temperament of the resident? (for example, home-sharing may provide needed services but residents must also take on responsibilities that may be too much for them.)
- Does the model ensure other civil and human rights such as security of tenure? Likewise, is appropriate consumer protection available to support the contract, explicit or implied, between consumer and provider?
- How does supportive housing fit into the continuum of care and support in the community? Should it be subsidized in the same way as home support and residential care? Does supportive housing provide a less costly alternative to institutionalization?
- What is the preferable mix of public, private and non-profit ownership of supportive housing in a community? Some smaller towns may be unable to attract private providers even where residents can afford reasonable monthly charges. On the other hand, non-profit management with costs reduced by local contributions may be a way to meet the needs of low-income seniors.



Within the next twelve to eighteen months, these and other policy questions will be a focus for the review that will include consultations with municipalities, consumers, health care providers, researchers, members of the building and design industries and the providers of seniors' housing. A working group from the Ministry of Municipal Affairs and Housing, Ministry of Health, Office for Seniors and the Municipality of Burnaby has been established to begin the work .

Both what hinders and what helps in providing supportive housing will also be examined. Currently we know that some of the barriers include: Lack of community support; regulation and licensing; separation of mandates and responsibilities; financial barriers; lack of consumer awareness; and an unclear understanding and knowledge of aging.

The most important step in increasing the availability and range of supportive options is to build community awareness. This would include public education; identification of resources within communities; facilitation and leadership from the provincial government and the formulation of policies in the development of community plans. In addition, what will help are new approaches to quality assurance; an interdisciplinary approach; formal entry and exit policies that govern the conditions of occupancy; methods of providing financial incentives to keep this housing affordable and an enhanced knowledge of the diversity of the aging population.

Many models and approaches have been developed and vary from adaptations to existing housing to purpose-built, specially designed housing. The degree of support varies as does the cost. I am most familiar with the Abbeyfield Model which offers a private room with a lockable door, 24 hour staff support, a call-alert system, the provision of meals and social opportunities, and some basic housekeeping services for approximately nine to twelve people. For the most part the cost is reasonable and manageable for low to moderate income seniors.

It has been stated that seniors desire to stay in their communities and "age in place." Housing therefore must be seen in the broader context to include the community and the resources and programs that will complement seniors' housing. This involves the formal health and social services sectors and the informal networks to ensure that seniors feel safe in their homes and communities. Solutions to the development of a range of supportive housing options for a diverse population of seniors should be a multiple partnership. The outcome will be an inclusive process that will ensure choices, safe communities and a better quality of life for our most elderly citizens.

#### References

\_\_\_\_\_ (1993) *Shelter and Beyond: The housing needs of seniors*. BC Advisory Council of BC, Victoria, BC: Queen's Printer.

## LINDA ROSE

We're drawn together today to address the need to house and care for the growing aging population and provide an opportunity for all of us to address the issues of coordination in the delivery of housing, health care and other services for older adults in order to create and maintain livable communities in the years to come.

My particular focus on this panel will be on health care regionalization and the coordination and delivery of health care services and supports to community dwelling for independent living. My comments are based on the definition of aging in place as living in a community with enough support and care to stretch the period that an aging individual can live in one's own home before admission to a care facility. I'd stretch that farther to say that when and if care facility placement is required, each facility should be able to support care needs until the end of life.

I will be citing two references which are guiding care delivery models in the Vancouver/Richmond Health Board (V/RHB) – the inaugural Health Plan which was released in April 1997 and the Way Home Report – released in November of 1996 and based on the review of the Continuing Care program.

The primary purpose of the health plan is to provide direction for the V/RHB as it reshapes the services within its jurisdiction. The Continuing Care Review was an extensive public process about what works and what doesn't with our care services provided in the home or long term care facilities.

Both documents emphasize:

- the broader determinants of health
- cross-sectoral planning, such as is taking place today, according to age group and community
- involving the public in planning
- changing and evaluating the health system

In short, the V/RHB is people working together to build healthy communities and fostering better health with the ultimate goal of a public that benefits from better health.

Better health should be demonstrated by adding years to life, by adding quality to life and by reducing disparities in health status.

We know a person's health or wellness is influenced by education, income, employment, social support, sanitation, lifestyle and housing – not solely by access to health services. Future health policies must consider these health determinants, developing new and practical relationships with agencies involved more directly with these other areas of influence. Working relationships need to be fostered and strengthened with academic institutions, the education system,

local municipalities, social service agencies, interest and support groups, local communities and neighbourhood groups and technology and supply organizations.

Health planning must coordinate with other planning initiatives such as CityPlan and transportation plans, housing and zoning developments, parks and school planning and community programming. We're all working in the same direction – to create a city of villages, but we're not as coordinated in our efforts as we need to be.

The V/RHB is committed to working with the public and the Seniors Advisory Committee who had much to contribute to the Health Plan for Vancouver. While agreeing it was not only the mandate of the health board, seniors emphasized housing, poverty, transportation and environment as key issues for them. The deteriorating environment, lack of subsidized housing, inadequate support to age in their own home or, if necessary, change the accommodation, lack of transportation and high charges for medical supplies and prescription services were all cited as broad concerns to work on with other jurisdictions. In addition, the following issues specific to health care were noted:

- inadequate provision of community resources to fill the gaps resulting from budget and staffing cuts in acute care;
- no system or legislation to deal with elder abuse;
- more attention for seniors with mental health needs;
- health care services that are fragmented both administratively and geographically;
- lack of support and training for informal caregivers; and,
- inadequate resources for respite care.

Several of the geographically-based public committees also cited inadequate supports for the elderly to remain independent in their homes. The Continuing Care Review talked with seniors across Vancouver and asked them what community support was needed to remain independent as long as possible. Many strengths of the existing system were noted and most felt there was a solid foundation to build on – commitment of staff and volunteers, dedication of informal caregivers, availability of a wide range of services, equity in the system and the local nature of service delivery. While there were strengths, many weaknesses were consistently noted: access to the system, system fragmentation, inconsistent sharing of information, lack of automation, too many rules and regulations, the proscriptive attitude of providers, the rigid funding system, inadequate support for informal caregivers, and inadequate education for changing needs. The most critical barrier of all was disempowerment of the client.

We listened and have been working since January 1997 in ten work teams of care providers in close consultation with reference groups, one comprised of seniors. These reference groups review committee recommendations and keep the groups on track. Access concerns were big. A new system is planned where access to

community services will be from one very publicized telephone number – some have suggested 922, based on the success of 911. If the system is easy to access and navigate in, we can draw on more in the community to call for assistance when needed. It's not only the home care provider that discovers someone may need help. It's often the bank that knows Mr. Jones is becoming more confused, or the grocer that realizes he hasn't seen Mrs. Brown in a day or so. Hopefully, if access is easier, people will be referred to services earlier. Once part of the care system, assignment of one primary worker to help navigate the services should help older adults and their families.

Clients have said we need less rules, too. Some of the funding and care level rules have been recognized as artificial barriers. Client-centered care needs to be flexible and based on changing needs. Maybe weekly homemaker services are enough most of the time but after a fall, services may need to be more frequent and involve a home physiotherapist for example. When stair climbing becomes difficult, maybe the OT can help by suggesting the dining room become a bedroom. Re-tooling the kitchen can be done to accommodate changing needs too.

Seniors expressed concern they are discharged from acute care to home without enough support. One of the workteams has plans to trial transitional care where there is some residential support or "step-down" provided after hospitalization. Funding workteams are suggesting a system where clients are assessed by need and funding is allocated for the client – if the client chooses to use the money for transportation, or to fund a home security device rather than have help with bathing or laundry – so be it. The senior decides what's needed to help keep them at home. A menu of options negotiated for funding could be developed and anything outside the options could be discussed. I've sometimes heard providers in the care system say, "we don't do loneliness." Well, in the model being proposed, and in recognition that social support is a determinant of health, maybe someone will end up hiring someone for companionship. In a system where clients have more control, there may be more opportunities to pool their resources – what about four or five seniors pooling allocation of support funding for a live-in attendant. We know building caretakers are key folks in keeping people at home – and key casefinders when there is a problem. Building on this, maybe zoning could recognize a caretaker or attendant suite as community support in return for increased density or some other relaxation of rules.

We recognize the system must promote and maintain wellness, providing services and programs that support the client as a whole rather than programs and services that only treat illnesses or accommodate for deficits. In summary, we need to work together across sectors to address the broader determinants of health to build healthy communities where seniors have adequate and safe housing. Those of us in health care need to continue to work with seniors and their families to build a more flexible and client-centered service system.

## CLAIRE GRAM

Banners on Broadway is an annual community public art project where hundreds of neighbourhood residents, of all ages and stripes, participate in the creation of beautiful, colourful street banners which are hung along Broadway Street through East Vancouver.

But it is more than a beautification project. It is more than a participatory exercise. It is more than an outreach tool. It is all of the above in a fun, productive and inclusive process. The five goals of the Banners project are:

1. to get more people active in the community particularly those who are not often included
2. to build pride in a neighbourhood known more for its problems than its strengths
3. to beautify Broadway which is a residential street as well as major traffic arterial
4. to engage the community in the discussion of the theme
5. to gain input from the public for inclusion in the local health plan

It is this aspect of using art as a form of outreach to the whole community that I want to speak of at this conference. In inner city neighbourhoods, getting public involvement in health policy is a challenging task. Poverty, language and cultural barriers can compound general discomfort in participating in meetings, questionnaires and interviews - our main tools for "public processes." Often called "hard to reach populations" because they do not respond to our call to meetings, these people (the bulk of the population) remain outside our planning processes, despite our good intentions.

The Banners on Broadway project is an annual community public art project designed to reach many such people using images instead of words. Members of the community participate in discussions and then draw, collage or photograph images on different health themes. These images are selected by the public in a community "jury" process, which takes place in the local mall, and are then transferred and painted onto fabric street banners for the Broadway Corridor. We have had an extraordinary response of over 700 people last year participating between the ages 2 and 100 of diverse cultural backgrounds, language abilities, income levels and health status.

The project affects people's health in three ways. First, individuals creatively participate in the highly visible community enhancement project. Secondly, community pride and ownership are generated in those who see and enjoy the banners on their street and recognize their community in them. Thirdly, through the information and knowledge which is gathered from the process to inform health policy makers and ensure that policies, programs and services really do reflect the community's needs and values.

The theme for this year is 'The People We Care For & the People Who Care for Us'. It came from the local health committee's priority health issue on the need for support for caregivers and families.

**How this fits with the conference topic:**

When originally asked to present at this conference I wondered about the link. Here is a multi-generational project, which looks at all types of caregiving. And yet as we talk about healthy communities, no one age group can make a community. No one can consider the needs of seniors without considering the ties between the generations. And strengthening those ties and supporting the informal care networks is key. Banners are about building multi-generational, positive and supportive communities.

**What we are learning/ implications of the project:**

There are two aspects of learning from this project. The first is the implications for developing a new tool in the repertoire of outreach methods. It ensures that we can reach a wider range of public as we engage the community in planning and service delivery. As a process for gathering information, more work needs to be done to ensure that we have a high degree of confidence in the conclusions we reach. However, this has been a first and very exciting step towards that goal.

The second implication comes from the content of this year's theme, which highlights the importance of caregiving and our understanding of how informal caregivers differ from formal. For example from the images, rarely can you tell who is caregiving who. It is a more reciprocal relationship that changes over time. We see that even those who need much care also have the need to care for others, even if it is pets. These are not scientific conclusions but a couple of my reflective observations that have implications for the kinds of assistance we may want to develop with and for informal caregivers. These are not prescriptive observations and more work needs to be done but are a good reminder of the way members of the public consider their roles.

## VICKY SCOTT

Approximately 30% of community-dwelling Canadians aged 65 years and older experience at least one fall each year (O'Loughlin, Robitaille, Boivin, & Suissa, 1993.) This is a growing problem in Canada with the projected increase in this age group rising from the current 13% to 22.7% by 2031 (Statistics Canada, 1993, cited in Elliot, Hunt, & Hutchinson, 1996.) Approximately 25% of all persons 65 and over who fall suffer moderate to severe injuries (Alexander, Rivara, & Wolf, 1992.) Falls are the most frequent cause of injury-related hospitalization and death among people 65 years and older (Langlois et al., 1995.) These injury rates represent considerable costs in terms of human suffering and health care expenses. A recent study estimates the annual cost of falls for Canadians 65 years and older to be \$2.8 billion in 1994 (Asche, Gallagher, & Coyte, 1997.) While this figure includes direct costs such as institutional expenditures and professional services, and indirect costs such as lost productivity due to premature mortality and disability, it does not take into account the cost of medications, research, negligence claims, or the work of nonprofessional caregivers.

Most studies show the etiology of a fall to be a complex combination of factors that reflect physical, cognitive, behavioral and social conditions operating alone, or in conjunction with, environmental hazards (Speechley & Tinetti, 1991; O'Loughlin et al., 1993.) Studies show that some falls can be prevented through the application of strategies such as the amelioration of underlying medical conditions, education on risks and prevention, exercise, and the removal of environmental hazards (Gallagher & Scott, 1996; Tibbitts, 1996; Tideiksaar, 1996.)

The focus of this paper is on the prevention of falls that occur in public places. Traditionally, those who work in the area of falls prevention concentrated on falls that occur in private homes or institutions. Most prevention strategies focus on changing the behaviors of individuals. The following is an overview of studies that look at falls that occur in public places. Suggested strategies are for community action to reduce hazards that contribute to falls in these locations.

### **Studies of Falls in Public Places**

An example of a study that looks at public locations is the Reinsch, MacRae, Lachenbruch and Tobis' 1992 examination of falls among active healthy older adults. They found that 51.2 percent ( $n = 242$ ) of the falls occurred outside the home, with eighteen one-time falls occurring on streets and sidewalks, and seven one-time falls in public buildings (Reinsch, MacRae, Lachenbruch, & Tobis, 1992.) Repeat falls occurred fifty-seven times on streets and sidewalks, and thirty-one times in public buildings. Transition areas such as garages, patios and entrances were also found to be problematic, with rapid changes in lighting being implicated as a causal factor. Forty-two percent of the fallers stated they were "engaging in activities that were a part of independent living" at the time of their

fall (Reinsch et al., 1992.) For repeat falls, 27.6 percent were associated with behaviours the authors termed, "inattentive activities," such as "walking on uneven ground, tripping over a sizable object, and looking somewhere else while walking" (Reinsch et al., 1992.) Speechley and Tenetti confirm the above findings - that outdoor falls are common among active seniors - in their 1991 study that compares fall incidence between frail and vigorous elderly. Their findings show that the vigorous group were significantly more likely to fall away from home due to environmental factors and were more likely to sustain a serious injury than the frail group (Speechley & Tinetti, 1991.)

A study by Gallagher and Brunt (1994,) shows that 65% of falls among a sample of seniors 65 years and older occurred outdoors. The majority - approximately 80 percent - of these falls occurred while walking on a familiar route (Gallagher & Brunt, 1994.) These findings lead to a subsequent study by Gallagher and Scott (1995) to identify the location and nature of hazards that cause falls in public places. For this study, a nine-month surveillance was conducted through a phone-in 'hotline' in the Capital Regional District of southern Vancouver Island. A total of 791 reports were received during the study (Gallagher & Scott, 1995.) Three hundred and eighty-six people reported falling, 207 reported tripping, 114 reported slipping (these are not mutually exclusive categories) and 205 people reported potential hazards which they felt would likely cause someone to fall. Of those who slipped, tripped or fell 74.6% (n = 543) reported an injury, with 220 people requiring medical attention and 117 sustaining a fracture. The most common location and condition reported was uneven concrete sidewalks. Data analysis shows that the majority of fallers were elderly people walking from their residence to nearby shopping centers, bus stops, activity centers or medical offices. People of all ages were encouraged to participate - almost 40% of the participants were under the age of 65 and 22% of the participants reported using mobility aids. A major recommendation from the study encouraged city planners and civic engineers to consider these findings in their design and maintenance of pedestrian routes, especially routes frequently used by people at risk of falling (Gallagher & Scott, 1995.)

Earlier studies of outdoor environmental causes of falls are also reported in Waller's 1985 review of the literature on injury prevention in the elderly. Waller reports on Sheldon's 1960 findings that stairs were most frequently found to be the cause of falls but that ice, snow and unexpected objects such as grandchildren and pets were also a problem. Waller also reports on the 1981 findings of the Consumer Product Safety Commission (CPSC) that shows the elderly account for 85 percent of fatal injuries from stairway falls (Waller, 1985.) The CPSC research (1979) on stairway accidents concludes that stairs should have a non-sliding uniform surface, continuous handrails with cues at the end to indicate the top of the stairs, and the stair edges should be clearly differentiated. If outdoors, stairs should have a non-slip and well-drained surface.



Reports of other researchers show that objects such as prosthetic devices, walkers, canes and wheelchairs contributed to falls. Hughes and Neer (Waller, 1985) implicate poor lighting as a risk factor in falls by elderly people. Abrupt changes in luminance, bright contrasts, glare and low illumination were all found to be contributing factors for falls. Waller concludes that accidents are often triggered by some "correctable flaw in the design or construction..." (Waller, p. 113,) and that only rarely are physical limitations of the elderly considered in the design of environments.

### **Public Policy for Pedestrian Safety**

The studies reviewed above point to the need for a coordinated policy-making effort aimed at the creation and maintenance of safe public environments. The rapidly changing profile of the pedestrian population brings a degree of urgency to this issue. Current trends to support older people to "age in place" are increasing the number of older people with chronic illnesses who are living active lives in the community. In addition, technological advances in the design of mobility and visual aids are allowing more people with disabilities to move about independently. However, attention to safety for pedestrians is not keeping pace with these demographic and societal changes. Urban environments continue to be built and maintained primarily with younger, able-bodied people in mind. While efforts are being introduced for "barrier-free designs," existing standards do not meet the safety needs of all older or disabled citizens. Safety problems also arise from variations in the interpretation of building codes and from the lack of enforcement of design standards (Hatten, 1992.) A comprehensive risk management process is therefore required for the development of a systematic approach for the creation of safer pedestrian environments.

### **Community Action Strategies for Safe Pedestrian Environments**

A number of strategies can be employed by communities wishing to create safe pedestrian environments for all citizens - particularly those at risk of falling due to old age or physical limitations. Availability of resources and the nature of local problems will influence how such strategies develop, and how they operate in different communities. Proven strategies include engaging appropriate stakeholders and mobilizing community involvement in the risk management process.

#### **Appropriate Stakeholders:**

In order to bring the appropriate stakeholders together it is necessary to first identify who these people are. For the management of hazards that cause falls in public places, a simplistic identification of appropriate stakeholders is all those who may be at risk of injury from falls and all those responsible for the development and implementation of policies for the design and maintenance of public facilities. In larger communities this encompasses a large and diverse group, many of whom will have different perceptions of the problem. Others may not recognize that a problem exists at all, and still others may feel that their

solution is the only solution, even if it may create problems for another user group. In addition, in large urban centers, community issues are embedded in complex systems of public, private and government interactions (Labonte, 1989.) In order to overcome these differences a broad range of specific user groups, government officials, planners and policy developers will need to come together to address the risks posed by hazards in public places and to set priorities for change.

In all communities the first hurdle that must be surmounted is the identification of who has jurisdiction for what problem. In most communities pedestrian safety problems fall under government jurisdiction either at the local/municipal level, or at the provincial/state level. For example, issues such as safety regulations for building codes and standards for pedestrian facilities next to major highways are usually the responsibility of provincial or state authorities. Local governments are usually responsible for decisions governing the design and maintenance of sidewalks, walkways and park trails. They also regulate many of the standards regarding the placement of structures on pedestrian right-of-ways. The complicated nature of jurisdictional responsibility is a major barrier to user group participation in risk management. Governments in all communities would benefit from the production of clear documentation on areas of jurisdiction and responsibility. This information will need to be continually updated and made available to all stakeholders.

In addition to governments, important stakeholders in the process of identification of public hazards and the provision of solutions to eliminate them include public and private sector service providers. These include transit authorities, utility companies, businesses, public building owners and others who use, or provide, public spaces. These groups, while generally obliged to operate within the framework of building codes and other government regulations, are accountable to diverse user groups for any unsafe practices or outcomes resulting from their decisions - decisions, which unfortunately are often made in isolation of those groups most affected by their consequences. Although volumes of regulations exist, governing building standards and required safety features are often purposefully vague and specify only "minimum" standards. These standards often define what may be considered reasonable for the healthy, younger population but may be inadequate in addressing the safety needs of aging populations or persons with disabilities.

In addition, government regulations are often subject to different interpretations. As stated in the Engineering Standards, "...for many of the standards an element of choice is available in order to accommodate local decisions" (Borch, 1980, p.35.) In other cases regulations may be altered to reduce overheads or ignored altogether. It is therefore essential that public and private sector service providers meet face-to-face with both government officials and lay user groups to discuss and resolve safety issues.

The involvement of high-risk user groups is key in all discussions of policy that affects their safety. This includes all those at risk of injury from missteps, falls or collisions with obstacles - primarily people aged 65 years or older and people who have a disability. These stakeholders are far from being a homogeneous group. Hazards encountered by one group may actually assist another group. For example benches on sidewalks can be hazardous obstacles for people who have low vision, who are blind or who use wheelchairs and have difficulty maneuvering around them. However, such benches are important safety features for frail elderly people who rely on them when out walking and fatigue overcomes them. For this reason consultation and cooperation between user groups is not only necessary, it must be seen as a priority. Such consultation promotes understanding of each other's safety needs and assists planners in developing desired and feasible solutions.

Benefits of collaboration and cooperation between user groups on issues of pedestrian safety include:

- sharing knowledge and resources,
- identifying overlapping or conflicting needs,
- having a stronger voice through greater numbers, and
- implementing changes that meet the needs of all involved (Editor, 1992)

### **Mobilizing Community Action**

Community action is dependent upon a cooperative, consultative and inclusive process. For instance, without consultation the average citizen has little opportunity to comprehend the problems faced by those responsible for the design and maintenance of pedestrian and public spaces. These are often complex, including monetary and fiscal restraints; consideration of legal, political and regulatory controls; and determination of the appropriate balance between competing demands for pedestrian space and the needs of diverse user groups, to name just a few. Those who have experienced a fall have a unique perspective of that problem and are often the best source of information on effective strategies for eliminating such hazards. Consultation and collaboration between groups is therefore mutually beneficial as each has unique knowledge to share.

### **Barriers to Participating in Community Action**

Barriers to participation can be informational, physical or attitudinal. Many user groups with concerns about safety issues lack access to the necessary information such as meeting times and locations. Without such information they are often barred from meaningful involvement in the decision-making process (Labonte, 1989.) An education package could be made available to assist those who experience difficulty when trying to obtain answers to the following questions:

- How do agendas for public meetings get set?
- What background information exists?
- What are the jurisdictional boundaries affecting the issue?
- Who has the responsibility to implement change?

- Who is allowed to attend the meeting?

It is also necessary to ensure that no physical barriers exist that may limit or preclude participation. This includes, but is not limited to, holding meetings at times and in locations that are physically accessible to seniors and persons with disabilities. A few examples of physical barriers to participation include:

- meeting halls where entry is only via stairs
- washrooms that are not accessible to people with disabilities
- meeting notices in small print, or are only in print, and therefore not available to persons who are blind
- meetings held after dark when people who are most at risk of falling are more reluctant to leave their homes
- meetings that are too long - over two or three hours - or that have no fixed agenda
- meetings held in buildings not accessible via public transportation routes
- meetings without advance information on wheelchair accessible parking, and
- meetings without interpreters for those who are deaf, or assistive devices for people who are hard of hearing.

It is important not to make assumptions about solutions for physical, attitudinal or informational barriers. Instead, user groups with specific needs should be consulted as to the best way to meet their needs and to facilitate their participation. Attitudinal barriers to participation are an unfortunate reality in most communities. In spite of the efforts by many people to create a more inclusive society, ageism and paternalism are still prevalent. In order to facilitate community participation government and business policies need to provide opportunity and encouragement for their staff to work with community members. As Labonte points out, it is difficult for staff to “engage in the community empowering process, if [staff] are not empowered within [their] workplace to do so” (Labonte, 1989, p. 26.) Those in positions of authority in government and private and public sector service agencies have a responsibility to ensure that all citizens are treated with respect and valued as individuals.

Regardless of the stakeholders affected or the nature of the problem, a common element in addressing issues of pedestrian safety is communication between those affected by the issue and those with responsibility for remedying the problem. All community members have a responsibility for facilitating this interaction but the greatest responsibility falls on those with the power to influence change. This includes the politicians, staff of responsible government departments, professionals who design public places and public and private sector service providers who utilize or provide public spaces. The problem of falls among older people in public places is a growing and expensive problem. No one jurisdiction or group has the resources to solve this problem alone. The participation and collaboration of all stakeholders is required to bring about design and maintenance changes that enhance the safety of older people.

## MARGARET FRASER

Thank you for the opportunity to speak to you today. As chair of the Services to Seniors Coalition on the North Shore, the importance of informal agencies in healthy communities is one of my favourite topics.

As our senior population ages and increases, the requirements and needs of seniors, caregivers and service providers alike have had to change accordingly. In the community we know as the North Shore the advent of the concepts of healthy communities and closer to home were welcomed by many with open arms. Small, non-profit, volunteer driven agencies were able to come together on a variety of issues and provide a forum for in-depth discussion, information sharing and collaboration which also proved to benefit the larger, formal agencies. This had previously been an unofficial link, mostly instigated by personal contacts.

It is my opinion that on the North Shore, the development of volunteer based groups over the past 30+ years has been responsible for the excellent health status we enjoy in our community. The informal supports offered by about 30 agencies - with very little overlap or duplication - involve large numbers of trained volunteers - some of whom have been or are also clients of the system.

The coming of regionalization allowed these small, low-budget agencies and groups a more equal voice in the decision-making process that was to come. As an informal agency, support group or advocate, we see and speak with seniors living at home on a regular if not daily basis - far more contact than formal services are able to offer. These seniors are often frail and isolated - physically, mentally, emotional or financially. Informal support services are much more aware of the everyday needs and issues and status of seniors and their support networks (family, friends volunteers, etc.) And also where the more formal supports fit into their lives (homemaker, homecare nurse, physician etc.)

The formal services have increasingly recognized the importance of these informal services and have been able to refer to us for advice, input and inclusion in decisions being made around any one senior. This includes hospital discharge, daily living arrangements and so on.

Common issues are: identifying the most at-risk seniors, re-socializing them when appropriate and continuing to recognize that we cannot impose our services upon them.

One cardiologist asked a 78-year old what she was doing that was keeping her blood pressure down and her spirits up - she was able to tell him of a short walking program she attends in the mall - a program suggested to her by a very nice lady who calls daily to say hello. Assisted by one volunteer she is able to

continue to do her own shopping and have a cup of tea and make new friends all in one afternoon. He was impressed and encouraged her to carry on - it was the first he'd heard of anything like this!

In 1992, what was informally the seniors network grouped together to form the North Shore Services to Seniors Coalition. We have a membership of 45 groups from Meals on Wheels to advocacy, multicultural interests to care facilities, recreation to hospital staff and everything in between. During 1993 a task group was struck to survey our members and to develop a vision of services to seniors for the North Shore. Not only did we do the work under budget, but we were the first group to give a presentation to our newly formed interim Health Board in October 1994. The discussion and research enabled us all to learn from and grow with each other and our staff, clients and volunteers to offer this vision:

"We envision a healthy community environment which fosters the independence and well-being of seniors. We envision communities that are designed to meet the unique interests of seniors. Finally, we envision a continuum of services, specific to seniors and their families which is accessible, comprehensive, co-ordinated and which encourages the full participation of seniors."

We are delighted to know, through our regional Health Board, many of our recommendations have been recognized as applicable to the whole community and have been taken up as part of the changing face of health in our region. Many organizations are involved in the frail elderly program based on PACE from the USA and the CHOICE program now operating in Edmonton.

Seniors want to stay at home as long as possible. With some well-co-ordinated, informal and all-encompassing services in place they can do so more safely and with fewer health complications. Regionalization has offered the impetus to rev-up to another gear to work together to achieve this. We are not quite there yet, but the collaboration of partners is the way of the future and I am pleased to say the involvement of the people we strive to serve has now become an equally important piece in us all remaining closer to home.

#### References:

'Towards a Vision for Services to Seniors on the North Shore' 1994

'The Breaking Wave' - housing for seniors on the North Shore - 1993

'A Vision for the Future' - Community Based, Coordinated and Integrated Adult Day Health and Support Services - 1993

'Rediscovering Informal Care' - Bridging the Gap between Informal and Formal Care systems for Seniors - 1992

## MARGARET FULTON

Good morning! I feel very privileged to be a member of such a distinguished panel. Coming as the last speaker puts me in the position of there being nothing left to say. While I agree with all that my fellow panelists have put forward, I also know that no matter how appropriate and effective architectural plans and designs for innovative housing for the elderly are, they will not adequately meet the needs of our aging population unless they are integrated into community development as a whole. The aging population must not become part of a single commodity market system. Housing alone is not enough! Nothing alone is enough whether it be housing, policing, health care, financial support, consumer goods, transportation, social services whatever. Until we change our mind-set from our present tendency to isolate, segregate, categorize, homogenize or ghettoize our seniors and providing specialized services for them alone, to one of seeing seniors and their needs as part of the total needs of a holistic community, we will not solve the needs or problems of seniors or any other age group in our modern urbanized settings.

Recently I saw an Icelandic film about seniors, called "Nature's Children". The government, in all its paternalistic wisdom, had removed an old man from a very isolated community and taken him into one of the finest of seniors housing projects in a major urban area - wheelchair access, safety rails, nutritious food - the works. This old man and another old woman discovered they had come from the same rural area. They teamed up, stole a jeep and ran away. Of course their escapade ended in disaster. They died, but they were going to die eventually in their urban housing. Why warehouse seniors against their wills in top of the line seniors housing, when they prefer to "age in place," make their own decisions, and make the best of the facilities they choose. By running away, this old couple at least "died in place." But they did more, they clearly demonstrated what is needed in society today is not a revolt by youth, but a revolt by experienced seniors who recognize the great need in society as a whole — the need for transformation.

So much of what is done for seniors is done against their will. The dominant urbanized mind-set has been to classify, control, and have everything tidy and, as it were, do everything "for their own good." I have seen seniors outside of the meanest adobe huts, or in grass roofed dwellings, but they were happy because they were still respected, participating members of their intergenerational villages or rural communities and they would remain so until they died natural deaths. Rather than creating urbanized communities where the wisdom of our elders is shared with other age groups, we warehouse our seniors as a specialized set of consumers designated as a market target group. Seniors are valued not for their contribution as living, thinking, human beings, as creative members of society,

but as a consumer group to be exploited by privatized commercial experts. These experts are all perpetuating hierarchical systems of control over others primarily for profit motives whether they be experts in pharmaceutical products, housing, clothing, tourism, counseling or medicine. The senior remains object.

If, then, we are to change our mind-sets, we must get a new set of images in our heads which will help us not only to see all ages as part of a whole organic human community, but also as individuals "who see life steadily and see it whole!" for themselves. We must visualize new organizational structures and systems that reflect wholeness and compassion, not just consumerism. We must stop the town planners and the industrial developers from building more of the same urbanized sprawl and instead recreate villages and neighbourhoods within our present structures where people of all ages can meet and walk and talk and live together harmoniously and safely. As Jane Jacobs has so brilliantly stated in her book Systems of Survival and in her more recent studies and addresses, without the creation of genuine neighbourhoods inclusive of all ages, and at all levels — local, regional, national and international — our species will not survive. We must learn to regenerate an inclusive society. Programs put forward by one ministry in isolation of what other ministries or levels of government are doing simply don't work. Governments must shift to interactive models in place of hierarchical models. All people, including seniors, must take more responsibility in creating a more viable safe and secure society for all, not for just an exclusive privileged few.

## "All The World's A Stage"

*William Shakespeare*

Seven Stages of Man		Seven Centres of Consciousness	
7th	SECOND CHILDHOOD		COSMIC CONSCIOUSNESS
6th	PANTALOON		CONSCIOUS AWARENESS
5th	JUSTICE		CORNUCOPIA
4th	SOLDIER		POWER
3rd	LOVER		LOVE
2nd	SCHOOL BOY		SENSATION
1st	INFANT		SECURITY

Illustration 1

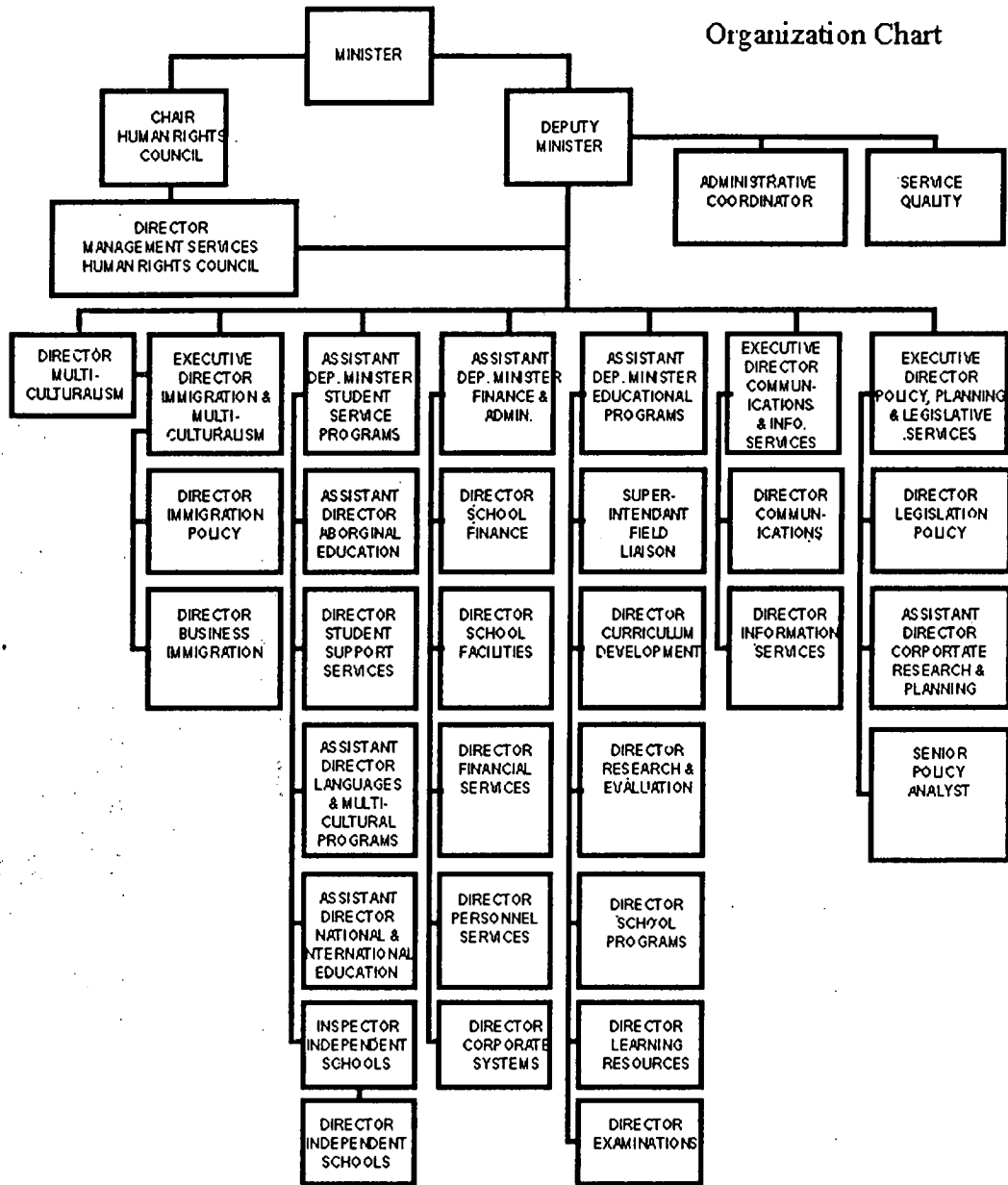
Let me present to you then some images of models that can help us all visualize the transformation needed if we are to develop a mature trusting society.

Illustration 1 typifies the age-old stereotypes from Shakespeare to Maslow, which reinforce the notion that life is a ladder.

Illustrations 2 is a traditional organizational models of patriarchy complete with a male god at the top, and reinforcing the notion that those at the top of the pyramid are the measure of all things and know what's best for the lesser members of the species.



Illustration 2



Illustrations 3 and 4 present a different model of interaction, a model used by Helen Green Ainsley in her book Life's Finishing School, written in her 90th year. Rather than perceiving the senior years as a period where others treat the aged as objects in a highly organized social order where things are done for or to them, she sees old age as a wonderfully creative opportunity for individuals to prepare for the greatest of all mysteries — death! Rather than living life in an attempt to be perpetually young, Helen Green Ainsley sees death as the final exciting challenge in life. Illustration 5 demonstrates a model of the holistic balance that responsible seniors can achieve.

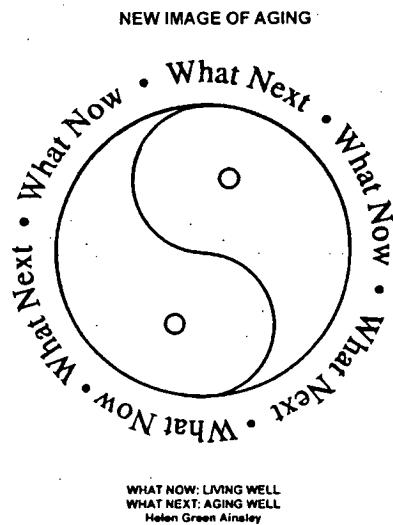


Illustration 3

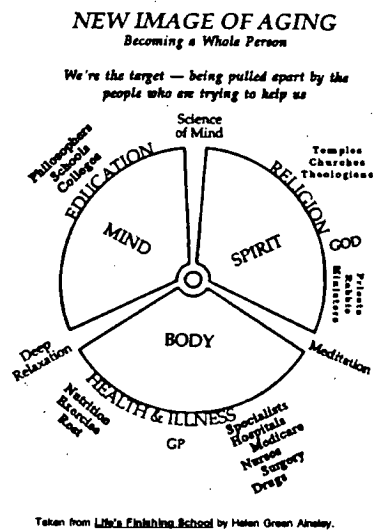
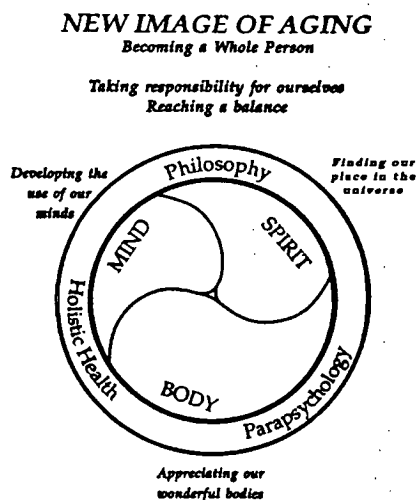


Illustration 4

Any hope of re-structuring our systems to allow this kind of creative development demands a re-imagining of our organizational patterns in interactive models. Illustration 6 demonstrates an interactive vision of society, models of networks, global, family and government relationships.

As we visualize such interaction, we may be able to develop the new mind-set which can bring about new inter-generational neighbourhoods in which all age groups participate to create greater harmonies for the human species.



Taken from *Life's Finishing School* by Helen Green Ainsley.

Illustration 5

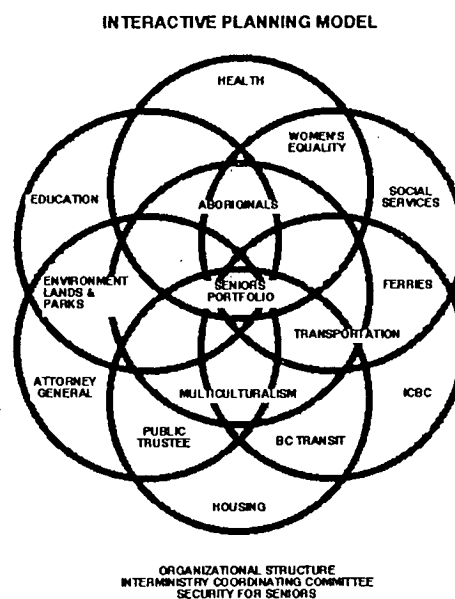


Illustration 6

## Rapporteur's Summary

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by Robert Joshua Voigt

The initial response to the diverse nature of the panelists for this discussion may be that connections between their foci may be difficult. However, upon hearing each successive speaker, a number of distinct themes was presented, each complementing the other and often building upon what was previously said. At the conclusion of this session the audience left with some questions answered, some unique ideas to ponder and adopt into their professional settings, and most importantly they left motivated by the panelists' experiences and words.

This summary attempts to highlight some of the most intriguing and important points raised by the panelists. This is not an exhaustive summary or transcript but an account that attempts to best represent a whole of many separate parts.

The first presentation was made by Linda Rose. By presenting her experiences regarding the restructuring of the Vancouver/Richmond Health Board she introduced a few concepts that would be repeated throughout the discussion. Many of these are found in the inaugural health plan document "The Way Home" and were discussed this afternoon, including:

- The changing requirements of the community given longer life spans and better general health.
- Cross jurisdictional and cross sectional planning. The need to connect elements according to their importance regardless of artificial boundaries created by bureaucracy.
- Eliminating fragmentation of service through initiatives such as client centered service rules and flexible funding based on assessment of the client.
- The importance of informal care givers in a system primarily centered on institutional organizations.
- Inclusion of the entire community in health care planning and seniors' needs.

As second speaker, Geri Hinton recounted one woman's experiences as a narrative to the points she brought to the discussion.

This woman in a seniors' care facility was in a position that had little societal structure in common with what had been her life experience to that point. She was the matriarch of a large family for most of her adult life. With the passing of her husband and her housing arrangement in a 'senior's home' she lost her life role as well. This led to withdrawal and poor health. By moving her to another residence with a different operating model she was able to have her physical health needs provided for, and perhaps more importantly, her personality or social structure needs were better met here because she was able to take on her own

care giver role with others. This lead to her returning to a familiar and comfortable role within the community, and in turn to better health.

This anecdote was taken to heart by the audience. With all the nodding heads and smiles it seemed to reaffirm what many knew intuitively. By building community support and awareness along with housing options many problems can be overcome. Ms. Hinton emphasized that the emphasis for seniors' housing should rest on residential accommodation not on care regulations.

The presentation by Claire Gram, on the "Banners On Broadway" project highlighted two major conceptual points for this discussion:

- the need to implement progressive and creative measures to get community involvement
- the need to rethink the relationships/definitions of care givers .

By presenting the program for creating banners that represent the "people we care for, and the people that care for us" it was shown how different age groups can be brought together for the creation of public art that highlights the relationships between care givers and receivers. Ms. Gram stated that very few of the people depicted as care givers were those that belong to large institutional or professional organizations. It was the "informal service providers" that were most often pictured, an interesting note on public and institutional perspectives.

The creation of public art as a tool brings the discussion of seniors and care provision into the public realm: actively during the creation of the art and passively while on display. The underlying theme of this portion of the session was the value of community connectivity to health care and seniors.

The concept of working with users in a consultative design process was introduced by Vicky Scott. The environment as designed and planned presently causes many of the problems relating to incompatibility with seniors and their needs. For example in 1994 \$2.8 billion was spent on persons 65 and older who suffered falls. More surprising is the fact that this figure only reflects the money spent on hospital beds. The third point made by Vicky that highlighted the importance of our built environments was the impact of falls on seniors as the most frequent cause of injury related hospitalization and death of those 65 and older.

Accessibility was again raised as vital. The need for input from the user is indispensable. However, for many built form issues, the input from seniors at such events as evening council meetings may be limited due to safety, health, economic and a variety of other practical reasons relating to evening travel. With statistics and references to earlier speakers Vicky Scott addressed a captive audience with the need to remove barriers in all their forms: partnership, informational, attitudinal and physical.

Margaret Fraser emphasized that the development of volunteer services over 30 years is a reason for the high level of health on the North Shore today, a statement that speaks to one of this session's major themes. Ms. Fraser clearly stated how informal care givers are often more aware of every day needs with less bureaucratic barriers between user and care giver than their professional counterparts. While strongly defending the value of formal care, as did other speakers, Ms. Fraser explained that because informal agencies often have more contact with users than larger institutional services they may be more aware of subtle and important circumstances only ascertainable through close contact.

Margaret Fulton concluded the session with a most inspirational, animated and thought-provoking presentation. She was challenging of new forms of health care and raised the level of the discussion to an intuitive simplicity devoid of jargon and catch phrases. Her discussion focused on the cyclical nature of life and reminders of traditional processes of aging in place - not necessarily a new concept, she said to the audience. She pointed out that people have always aged where they lived, and only recently have seniors been commodified and defined primarily by their health care needs. The simplicity and truth of this argument was not lost on any in the audience.

To achieve this type of planning model there were a number of things that Dr. Fulton felt were necessary. These tied together the themes of the other panelists, including:

- connectivity of all elements relating to health needs
- inter-generational focus and interaction
- less need for hierarchical vision
- interactive planning model which includes all those organizations that influence our lives, such as ICBC, BC Ferries, and social services.

Each of the presentations was enlightening in themselves. As a whole, I believe both the audience and I walked away with knowledge that will influence what we feel is possible. The most memorable and challenging points that should be internalized from this discussion are:

- connectivity
- uniqueness
- intuition
- eclectic initiatives
- common denominator planning - expand the audience to include the entire community. Plan as 'people with expertise' as opposed to 'experts who plan.'

One remaining point that remains to be made, something that is difficult to relate, is the theme communicated by all the speakers through their enthusiasm: act with passion.

# Chapter 5

## BOOM OR BUST: DEVELOPERS AS PLAYERS

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### Introduction

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by Kathleen Mancer, Moderator

“Boom or Bust - Developers as Players” is a somewhat enigmatic title for what turned out to be a fascinating discussion. The focus of the session was how attuned today’s development industry is to meeting the needs of aging consumers for adequate, appropriate and affordable housing. In an environment of much reduced public intervention in the housing market, the response of the development industry is critically important.

As a context for the session, it is interesting to note that many people believe that the market is not responding effectively enough to existing and emerging needs. Others believe that, almost by definition, the market will eventually respond to meet the needs, although the thorny issue of affordability remains a difficult one to address.

Two fundamental questions were put to participants in this workshop:

- how motivated is the development industry to respond to a growing market of aging housing consumers; and
- how well informed are the players?

The short answers appeared to be “somewhat” and “not very”, respectively. A few developers, mostly small and medium sized, have entered the market but for the most part, their efforts are not based on systematic research into the housing needs of aging consumers (there are exceptions to this general rule, of course.) Other developers are reluctant to enter the market because of concerns that the additional cost of incorporating aging-in-place features will not be recoverable in the sales prices of their units. But gradual progress is being made - more and more developers are taking a thoughtful approach to this market, resulting in a growing body of knowledge and experience about aging in place issues. The discussions that took place at the “Boom or Bust” workshop added significantly to this body of knowledge.

## Moderator: Kathleen Mancer

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**Kathleen Mancer** - is an economist by profession, has worked in the housing field for over 20 years, first for Canada Mortgage and Housing Corporation, and then as a private consultant. She is the BC representative for Clayton Research Associates of Toronto, and is also a principal of DKM Housing Consultants, a firm specializing in adult lifestyle and seniors' housing, for public, private and non-profit clients.

## Panelists

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**David Linton** - is the Director of Research at the Urban Development Institute - Pacific Region, a non-profit association of businesses, professionals, and public organizations working in the real estate development industry. A policy analyst, market analyst, and planner, Mr. Linton has conducted market research and feasibility studies for seniors' housing projects with the University of Winnipeg's Institute of Urban Studies, the Social Planning Council of Winnipeg, and with CMHC in Vancouver.

**Mark Belling** - is the President of Fifth Avenue Real Estate Marketing Ltd. Mr. Belling has a B.Comm. from the University of Alberta, with a major in Marketing and Land Economics. He also holds a CPM designation from the Institute of Real Estate Management. Founded in 1980, his company specializes exclusively in concept development and marketing of residential communities. Approximately 50% of the company's portfolio is involved with projects focused on retirement living.

**Bob Heaslip** - was Development Manager of Greystone Properties Ltd. He has been involved in planning, real estate and property development for over 25 years - 17 years in the public sector in a range of local municipal planning and overseas government positions, and eight years in private industry, with real estate and development companies. Projects have included large scale residential high-rise and low-rise projects, as well as shopping centre, hotel, and mixed use commercial/residential projects. He was also involved in two recent seniors' market housing projects. Mr. Heaslip represents the Urban Development Institute on the UDI/City of Vancouver Municipal Liaison Committee.

**John Nicholls** - is with the Buron Corporation. He was educated at the University of British Columbia, with an MA in Political Science, following which he spent 20 years as a career civil servant with the Department of Indian Affairs and Canada Mortgage and Housing Corporation. He was the Vancouver Branch Manager for CMHC from 1978-86. After this he spent five years in

development, and in the last seven years his focus in business has switched to health care. Buron owns and operates long term care facilities in British Columbia and Washington state.

**Nelson Merizzi** - is Senior Underwriter, Canada Mortgage and Housing Corporation. He has a BA in Economics from the University of Ottawa, and also holds CRF certification from the Real Estate Institute of Canada. He has worked with CMHC for over 25 years, in all regions of Canada. He has more than 22 years of experience in the underwriting of multiples, including public housing, on-reserve housing, Public-Private Partnerships in housing, non-profit housing, urban native housing, student housing, nursing and retirement housing, condominium housing, equity co-op housing, life-lease housing, and market rental housing. He is also currently the President of the Mortgage Investment Association of BC

**Jim O'Dea** - is the Chair of BC Housing Management Commission. He has been active in housing and community development for over 25 years, and involved in the development and completion of hundreds of housing projects. From 1983 to 1997 Jim was a principal of Terra Housing Consultants Ltd. which offers development coordination services to non-profit housing societies and cooperatives. Prior to this, he was employed by CMHC in various management positions in Newfoundland and BC. In September 1997, he accepted an appointment as the first full-time chair of the British Columbia Housing Management Commission.



## Panel Presentations

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DAVID LINTON

Housing markets, including markets for "seniors housing," have become fragmented, blurred, and hence difficult to define from both a demand and a supply perspective. There are more categories of buyers, and more categories of housing types. This brings us to the conclusion that there are as many types of "seniors housing" as there are seniors.

These two facts are compounded by the two unique constants of housing markets:

- 1) people generally don't like to move, especially once they find a place they like, and
- 2) every property ultimately has a unique geographical location which cannot be duplicated. The concept of aging in place effectively encapsulates both of these constants.

The market challenge for the development firm, where it is economic, is to identify a particular market segment, and create a product which meets the needs of that segment. If the purchasers age in place, that is, in at least one context, the sign of a successful project.

This is generally the case for projects such as strata-titled "adult-oriented" housing, but things get more complicated from a market point of view when the social and practical aspects of aging in place are examined in greater detail.

The process of aging in place is directly connected to a difficult management problem: how to best link together the "hardware" of housing with the "software" of services for seniors.

This connection is demonstrated by two general examples:

- seniors living in the family home or other form of market housing who require in-home services, and
- seniors living in service-providing facilities who require higher levels of service.

In both cases, aging in place has created a need for better software, and sometimes better hardware. The management challenge facing our society is one of efficiency, cost, and future demand.

There are limits to the efficiency of upgrading services, or making physical changes within ordinary market housing in order to accommodate the needs of the aging residents. At some point, the services can be provided more efficiently in a congregate care facility which can be regarded as both a hardware and a software upgrade.

The cost challenge is directly related to the user's ability to pay, the levels of efficiency which are attainable, and the overall supply-demand equation. It is this last point which presents the biggest challenge from both a market and a social perspective: the number of seniors will get a lot bigger in the future before it gets smaller.

The ability to pay problem is also not going to get any easier, given the plateauing of real earnings, the decline in savings rates, and soaring debt loads within the current working population.

Let's take earnings for example: it was recently shown in a study by the Canadian Institute for Advanced Research that in constant dollars, the earning power of a university graduate in 1990 was almost no different than a high-school graduate in 1965.

Other changes in public policy have hinted at the prospects which lay ahead. Most recently, the federal government has introduced legislation which will dramatically increase CPP premiums while reducing pay-outs in the future. Canada is not alone in this regard. Germany recently announced a similar change to their national pension plan system.

While it is clear that the aging in place process and the management problems will grow along with the aging population, the market challenges will be to find both optimum housing forms and service systems which meet social needs at an economic cost.

While it is difficult to predict whether future conditions will make it economically viable for private investors to meet this challenge, there are some optimistic factors:

The highly fragmented market conditions which presently exist will give agile and competitive developers the experience they need to deal with new challenges presented by an aging population.

The marketplace will always respond positively to innovators who can produce what is needed at an economic price.

There is already a great deal of knowledge out there about what works and what doesn't; one challenge will be making the knowledge available in a form that is relevant and useful. Forums such as this conference are an excellent starting point.

One lesson about what works is to ensure that the finances of the hardware and software of congregate care facilities should not be structured on the assumption that funding mechanisms, government programs, and so-forth will always be the same.

Another is to ensure that the physical structure can handle "software" upgrades, and is not specifically created for a particular set of services. Just as there have been design initiatives such as "flexhousing" for single detached dwellings, congregate care facilities should also be designed with flexibility in mind.

Perhaps just as important is flexibility in the "packaging" of service systems. For example, to what extent can services be provided on a mixed basis between "in-house" and externally contracted service providers. To what extent can congregate facilities define a set of core competencies, focus on them, and contract out other functions.

It is absolutely true that we live in chaotic, difficult times. To borrow from Tom Peters, finding crazy new ways to organize services and housing may be one of the most effective means of meeting future challenges. This is why aging in place is not simply a housing problem or a services problem, it is a managerial, quality control, and leadership challenge.

The willingness and ability of the private sector to take a role in this challenge will ultimately depend on the balance of risk with the rate of return, the availability of skills and expertise to deliver the product, whether that product is a building or a service, and the relative business merit compared to other ventures.

## **MARK BELLING**

### **Developers**

How well informed are they?

- 65% shoot from the hip
- 15% have a moderate understanding
- 25% have a high level of understanding
- non-profit societies/church groups: heart of gold, but rely on luck
- "for profit" ranked best scores

### **Mine Fields and Opportunities**

We know the retiree sees issues:

1. leaky condos
2. escalating costs of ownership (while income is fixed)
3. don't trust promises easily
4. question builders' reputations

Our industry needs to sell to:

1. The retiree (the ultimate consumer)
2. The peer group
3. The children (who will inherit it all)

We know the retiree is:

1. Skeptical
2. Well informed
3. Fears change
4. Has little sense of urgency
5. Shops alternatives

Our British Columbia consumer is:

1. More educated than others in North America
2. Utilizes more educated advisors (i.e. children)
3. Information is more accessible to them

### **Hot Buttons**

Research told us what is important:

1. Privacy
2. Dignity
3. Choice
4. Independence
5. Individuality
6. "Home Like" Surroundings

## ***Queen's Park Place***

Before design, integrated research:

1. "Market driven" with marketing advisors
2. Incorporated gerontologists' input
3. Architect co-ordinated
4. Landscape architect co-ordinated
5. Identified market niches (i.e. 20% of New Westminster is over 65)
6. Developer utilized team approach

### **Design Criteria**

1. Facilitates aging in place
2. Empowers buyers without becoming care oriented
3. Accesses optional services on demand
4. Low cost services (and without capital costs)
5. Health and housing would be linked

### **Who bought? Revelations!**

Female	77%
Male	23%
Age Range	60 - 90
Mean Age	75.5
Married	32%
Widowed	54%
Drive Car	45%

### **Health Perception**

Excellent	12%
Good	45% - 88%
Fair	30%
Poor	12%
Physical Limitations	45%

### ***Reasons for buying:***

1. Availability of services (when needed)
2. Location
3. Quality of project
4. No maintenance
5. Close to relatives
6. Value
7. Family supported decision

**We packaged these services (on demand)**

1. Day health centre
2. Weekend adult day care program
3. Lifeline program
4. Volunteer opportunities
5. Range of dining services
6. Therapeutic services
7. Exercise program
8. Health awareness program

**Overall design satisfaction (compared with prior homes)**

Better	57%
Same	23%
Worse	20%

**We can learn from this and improve!**

***Common Area Design and Features***

Satisfied	80%
No Opinion	11%

**Developers' Challenge**

Need to:

1. Do homework first
2. Deliver affordable product
3. Raise the bar (they often deliver pseudo-retirement)
4. Need to create exceptional living environments

**Developer's Challenge:** To design the perfect community to make all others obsolete overnight.

**Competitor's Worst Nightmare:** Own obsolete product!

## **BOB HEASLIP**

### **Product**

1. Mature Adult/Empty Nester
  - lifestyle housing for healthy older adults 55+
  - children have left home
  - last move before retirement
  - security: resort-oriented (golf, tennis, travel)
  - townhousing, low-rise or high rise strata
2. "Soft" Assisted Living
  - ease of living, adaptive, accessible
  - serves healthy 60-65 years olds
3. Assisted Living
  - between "soft" and intermediate care
  - common dining room, suites either no kitchen or basic
4. Intermediate Care
5. Co-ops/Service Group Partnerships

### **Housing Supplier by Product Type**

1. Small to medium sized developers/builders
2. Small to medium sized developers/builders, possibly large developers/builders if Village involved
3. Specialty or niche market developers/builders
4. Health care specialist developers/providers
5. Small to medium/specialty developers

### **Reasons they develop**

- Perception backed by research indicates a market exists and they move to satisfy it; usually based on strong enough numbers that others have not moved to satisfy
- Recognize the increasing aging population, and wish to test market with smaller projects to be ready for strong demand when seniors population peaks
- Have succeeded as specialty developer/builder and rely on discrete expansion region by region in the US and Canada; also rely on consulting, operating and managing, and some development
- Are real health specialist
- Mainstream/large developers for the most part are not yet involved:
  - content to leave product to niche market servers
  - little desire to specialize in market ends
  - concern with marketing and perception of "old folks" home
  - concern with cost of features desired by seniors market and paying unrecoverable premium of \$6.00 to \$8.50 /square foot construction cost

## **The Future**

I would suggest that:

- As the percentage of aging population continues to increase, a number of mainstream/large developers will become involved in the supply of seniors-related product due to market demand, and there will be resulting economies of scale.
- In addition, the available product will continue to increase and prices will stabilize as the health care system continues to change/privatize, emphasis on healthy living increases and people increasingly remain in their own more adaptable homes longer, and subsequently have more choice of assisted living product.
- Product will also increase as government either encourages or legislates provision of assisted living, as well as moves to public private partnership solutions.

## **Affordability**

- I would submit that the very nature of ease of living features impacts on the ability to get a reasonable return on investment from main stream developers.
  - This area is therefore served only by niche-market developers/builders in partnership with co-op groups or service groups or churches with CMHC involvement.
  - This area is of interest to GREYSTONE due to the nature of its ownership.
- (Slides)

Two examples to share by large developers - one not-so-positive experience, the other still in the preliminary stages of the process. Both are the "soft" approach to assisted living.

## **Arbutus Village Shopping Centre Residential**

- Target market high-end buyers to sell in \$325 to \$350/sq. ft. range serving empty nesters and largely healthy mature adults from the surrounding neighbourhood.
- 142 suites - a mix of one and two bedroom and den/family rooms
- Six storey concrete, brick clad with GBA (gross buildable area) of 190,000 sq. ft.
- Target market - surrounding aging single family owners in mortgage-free housing ranging in value from \$600,000 to \$1 million (average \$750,000)
- Real attempt to market aging in place concept
- Reaction to age of surrounding market, and reaction to City Plan policy of encouraging higher-density neighbourhood centres
- Partnered with Kinsmen Foundation to provide the ease of living concept as an alternative to the institutional approach



**The concept involves:**

- Base building - wider halls, non-slip surfaces, wider doors, levered handles throughout, enhanced lighting, overheight parking and a percentage of extra width stalls for specialty disabled vehicles
- Base suites - larger kitchen and bathroom areas, flush sills to balconies, seamless backing in bathroom walls, pre-wiring for automatic doors/curtains and specialty phones, etc.
- Optional custom upgrades - pull-down shelves, under sink wheelchair accessibility, custom stoves, custom hearing/sight adaptive features

The added cost of \$8.85/sq. ft. was not recoverable in the market due to competitiveness of the product. The project has been at the rezoning stage since July 1995 due to a range of issues.

**Collingwood Mature Adult Project**

- Target market - East Vancouver in surrounding single family homes, solid blue collar area, healthy active seniors/empty nesters, mortgage free single family homes ranging in price from \$195,000 to \$600,000, with the average in the \$300,000 range; increased diversity of product, complement the Village and Collingwood Neighbourhood House
- Affordable product based on good price points
- Product - 39 suites in four-storey wood frame, horizontal Hardieplank® siding with brick accents, "Craftsman" style, first sloped roof in the Village, close to shopping and ALRT station
- GBA of 41,000 sq. ft. with one, two and three bedroom suites selling at \$215/sq. ft.
  - 1 BR 750 sq. ft. \$161,000
  - 2 BR 870 sq. ft. \$187,000
  - 3 BR 1,075 sq. ft. \$230,000

**Features:**

- Wider doors and halls
- Lever handles
- Non-slip finishes
- Security systems
- Enclosed nook/sunrooms, verandahs on main level
- Larger kitchens/bathrooms - special tubs and seamless backing for grab bars

## JOHN NICHOLLS

30 years ago I was a student here at SFU and all we talked about in those days was youth and reform and it is somewhat amusing to me that here we are 30 years later, and what we are talking about today is aging and reform. In any event today I wish to share with you one development company's experience in the field of aging in Canada and the US. Time prevents us from getting into the bricks and mortar, the room sizes, finishes, etc. but it is perhaps more important to deal with concepts, for after all it is the concepts which drive the physical form.

Starting in the late 80's and early 90's my company, which is Buron, was active in building retirement condominium developments. We felt we were pretty *avante garde* in those days merely focusing on the seniors market niche; raised power outlets and levered handled doors were pretty interesting innovations but we began to realize that this was the tip of the iceberg as far as accommodating a more fragile population. We were also at that time trying to ease away from our total dependence on the "boom or bust" development for sale industry and started looking for an income business. This resulted in our purchase of two long term care facilities in BC.

Now it took us a couple of years just to learn the fundamentals of how long term care operates but after this schooling we thought about building an intermediate care home for private pay. We were scared off by the narrowness of the market. It was a market where people would have to pay \$3,000 to \$3,500 a month rather than the \$600 to \$900 a month in a subsidized care home. We didn't want to be warehousing people on the waiting list for government beds so we looked southward to the US.

There we saw a new industry being born, called Assisted Living. Driving this development was first and foremost the consumer in the US looking for an alternative option to a skilled nursing facility (the equivalent of our long term care.) They wanted a less expensive, more residential approach, the kind which had already been established in many European countries. At the same time the Department of Health in Washington, DC was calling for change and focus in long term care. It was advocating a shift from a focus on safety, on the prolonging of life and on process to an emphasis on outcomes, on the quality of life and on consensus around treatment modalities. In other words the climate was right for a change.

The development industry responded with a new form which stressed the principle of autonomy, which provided a physical setting that is residential not institutional, and a service package which provides real care. The value of autonomy reflected the desire of residents to continue to be empowered in their lives as much as possible, to hold on as long as possible to the sense they enjoyed while living independently. This approach raised the issue of managed risk. It was

found that residents and family were anxious to be part of the process of assessing and managing risk. It meant involving the resident or their advocate in decisions about service planning and capabilities for daily living. It meant a written contract with each resident concerning their service plan.

The physical setting that was built again reflected the value of autonomy. When you visit assisted living projects you will find residents enjoy privacy of access to their apartments with a locking door, their right to cook is maintained with a kitchenette and a private bathroom supplied. Care is provided in the privacy of their own space. The common space is residential in style, not like an institution or hotel, but like a comfortable house. The scale is smaller, some projects are viable as small as 25 units. Finally the service package is comprehensive. Yes, all the basic hotel services: meals, laundry, cleaning, social and recreational are offered, but also care. Today these projects provide assistance with most of the normal activities of daily living. This includes eating, dressing, grooming, bathing, ambulation, but also incontinence, oxygen and catheter care.

The timing of the growth in assisted living also coincided with a review by some states of the role of the registered nurse in long term care. The concern was to relieve nurses of those functions considered technical in nature which could be carried out by a trained care aide. For example, it was felt that medications such as pills could be administered by a trained aide. Vital signs could be taken by a trained aide. Nurses in assisted living today focus on assessment, service planning, monitoring skin care, catheter and oxygen care as well as unscheduled professional tasks in accidents and short term illness. The net effect is a major reduction in RN staff time.

And how has all this impacted skilled nursing facilities? Well, a study by William Spector in 1996 for the US Department of Health found a large number, some 47% of patients, in skilled nursing facilities in the US could be looked after in assisted living projects which provide the kind of range of services that we have mentioned here.

We find that the growth in the assisted living industry has been phenomenal. The last decade has seen some 50,000 units of assisted living in the US. ALFA, the acronym for the trade association of assisted living providers has grown from a handful of people at their first convention in 1992 to about 600 in 1996. Last year's convention almost doubled that number. Our company is one small player in this business with five projects in operation or under development at this present time.

So what relevance does this have for BC? Could we build and operate assisted living at a lower cost than current models of long term care and take the pressure

off of existing facilities and ultimately impact the current bed shortage in the hospitals? I believe the answer is yes.

BC Ministry of Health criteria for Intermediate Care II, for example appears to cover the kind of people we currently have in the US as assisted living tenants. When people come into care in BC after a stroke or heart attack there is no incentive for the provider to push for their reassessment as they improve - these people however are common among our US assisted living clientele.

But we can't compete with the current subsidized care projects. I believe that a new market has to be stimulated where subsidies would have to be about half of those currently provided by Victoria. We would need a proposal call to ensure projects would be meeting the objectives that I have outlined. Then there would be the question of current long term care building standards which again tend to be institutional in orientation and these would have to be reviewed. As well we would have to reach a consensus with the professionals - the nurses regarding delegation of responsibilities.

Then the unions would have to be consulted. In assisted living, the aides may be involved in dietary, laundry, housekeeping duties as well as care so that we would need job descriptions which would reflect this and the scheduling would have to be more flexible. Where appropriate for example with laundry, dietary, and housekeeping, wages would have to be more reflective of unions in the hotel industry rather than the current hospital unions. Finally health boards would also have to buy into the concept over the competing demands for limited funds from hospital and long term care facilities. I believe this would be worthwhile.

## NELSON MERIZZI

Nelson Merizzi of Canada Mortgage and Housing Corporation presented a series of slides, showing projects completed in British Columbia which used the aging in place concept. Various housing forms and tenure options were discussed and demonstrated. Alternatives such as care-a-miniums, life-leases, congregate care, and life-care communities were profiled.

## JIM O'DEA

Today I am going to talk about the development industry and the role of the non-profit sector in being partners in the industry, and then a few examples where these partnerships worked and some that didn't work.

### Non-profit Groups as Developers

I would like to provide a cautionary note to groups getting involved in development situations. Non-profit and co-op groups are sometimes used as a place to put the risk. Non-profits and co-ops are sometimes promoted by consultants, architects, developers and others to become the risk-takers and thereby have all the liability for the development. I believe that those who promote this kind of risk to be assumed by the non-profit group should also be prepared to take on part of the risk as in most instances the non-profit sector is the least experienced and knowledgeable of the partners taking on a development venture. This is very logical, of course, as most of the partners do many projects while the non-profit groups do few and sometimes only one.

In developments where the process is carried out in a very efficient and professional way the return can be quite high. This of course is a direct function of the risk also being quite high. However there are many times when there is no return on a project and I don't think anyone wants to be red-faced at a Board of Directors meeting when the society's land and/or equity is lost.

We need to measure today against yesterday. We cannot assume any longer that projects will be funded and insured against shortfalls. In the past, government funded 100% of capital costs and ongoing subsidies. Non-profit societies were covered against risk and all losses. Today there is less government money for capital and operating subsidies. Therefore if non-profits are to be involved in the provision of housing they have to be very aware of the risk. While there are major benefits to developing your own project there are also major downsides. The development profession has to be viewed as any other profession. Many people think they can decide to be developers, however they don't think they can be surgeons or engineers without first getting an education and experience. Some think they can just decide to be a developer because they have a piece of land or some equity. Many people in the private market who have land and or equity hire developers or joint venture partners. They will tell you they let the experts take care of it and thus get the highest return. We have all seen private investors who try the developer route and lose a whack of money.

Developers are successful because:

- They are knowledgeable about their profession
- Their expertise results in a more efficient product

- They develop the right product for a demanding market
- They are lucky

Developers are unsuccessful because:

- They are not knowledgeable about the profession
- Their inefficiency results in higher costs
- The market won't buy at the costs to develop
- They are unlucky

I would like to take a few minutes to review some projects with you that have been developed in various partnerships and give you a brief outline of their status.

You will see that the partnership in one case was very successful and in the other two cases was a dismal failure. The development of the partnership and who is a partner is as important as or even more important than the project itself because: as goes the partnership, so goes the development.

#### **The successful case:**

##### **BC Housing Foundation**

A three acre site owned by the society was developed. The land was sub-divided into two parcels, a 46-unit market site and a 27-unit affordable rental site. The society decided to put the land in as equity for the market development. They interviewed six developer/architect teams.

The developer chosen gave his parent company and personal guarantee to ensure that the society was guaranteed the appraised value on the land. This lowered the society's risk. He put up cash for all soft costs to a maximum agreed-to amount, he secured a loan, and the society signed on as owner of land. The project sold out. The society carried out an audit of the developers books as there was a 50/50 sharing of the profits. The society put land value plus profit into an affordable rental project on parcel two and had the rental project built at no cost to government.

##### **New Chelsea Society**

The second example was the development of an aged seniors project. A portion of land was purchased by the municipality for a family social housing project. Proceeds from the sale were used to replace the senior units to make them affordable for seniors. These projects are seen as great successes.

#### **The unsuccessful cases:**

Two projects were developed where the group was persuaded to take on the role of developer. The groups really did not understand their risk; both groups had to pay additional costs. One group has various legal actions pending. In one project they did their own construction management to try and extract more savings,

however the individuals were inexperienced and costs ran over the then current costs on projects led by developers.

In both these projects the inexperience of some members of the partnership led to these projects being seen as unsuccessful.

#### **The partially successful case:**

A project was developed as an equity co-op on leasehold land. Some members were part of a development company. The market was not interested in leased land or equity co-op, so the project was converted to straight market condo. Co-op members were paid out of the development company thus eliminating their risk, but private investors are still involved and the units are rented.

While financially this project did not adversely affect the purchasers it did not meet the goals originally set out and the private investor partners will probably lose some of their equity which is still in the rental units.

The forgoing projects have all been completed. The next few projects are either under construction or close to construction.

#### **Summary**

Know your strengths and weakness in the development area.

While you may have a really good idea, make sure you know all your downsides before you proceed as you could lose all you have and even some that you don't have.

When people are promoting for you to risk your assets, ask them to share some risk with you. If you are putting real money on the table ask for them to match your position.

Define the expectations, roles and responsibilities of the risks and rewards as early in the process as possible. This should be done as each partner in the development is brought into the process.



## Rapporteur's Summary

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by Gloria Venczel

The BOOM OR BUST workshop shed light on a very important aspect of aging in place: the developers who would potentially deliver housing opportunities and options. The representatives of the development industry did not appear to have yet capitalized on the knowledge base available to them in the complimentary professions. There did not appear to be a strategic agenda for addressing aging in place and the potential boom in "gray power," although it was acknowledged.

Part of the problem seemed to be that the different players trying to tackle the problems of aging in place have been working on their own, trying to resolve the issues without much cross fertilization. There was a general feeling that this conference was a chance for the four complementary disciplines in this area to begin to network and open channels of communication. The four represented disciplines were the health care professionals, the design professionals (including planners), the municipal authorities (approving authorities) and the development community.

The development community represented in this workshop seemed particularly concerned about the apparent lack of market demand for what appears to be an expanding set of needs for an aging population. The development industry, as well as others, could not detect a strong market demand for housing "products" and services geared towards an aging population. Herein lies a potential dilemma. Could an aging population be expected (or any population) to make consumer demands for "products" and services that have not yet been developed, of which there are no concrete examples in the area? Are the lay public equipped to be the leading edge visionaries to provide the solutions? Would it be more appropriate to expect the development industry, if not to come up with visions for the future themselves, to assemble specialized teams that could? The following is a snapshot of the current perceptions in the industry.

### Aging in Place Client Profile

The client profile seems to be largely undefined except in the most general of terms. The age category spans from 55+ to the late 80's. It is significant that the average income for Canadians over 65 is about \$12,000 per year. Women will become the majority of housing and service consumers as the seniors population moves into their later years. The housing and service needs remain somewhat undefined as well. The development industry is quite concerned that the senior's market is much harder to predict than say an elementary school population whose role is to move from one grade level to next.

Perhaps it is not so much that the seniors market is so unpredictable as it is more complex. The traditional source of market information for the development

industry has tended to be the real estate boards, gauging the future from past sales trends. The development industry may find that a multi-disciplinary approach that would include specialists like gerontologists, "urban architects," health care professionals etc. could provide a much clearer and a more certain market analysis and vision for the future.

### **Housing Options for Aging in Place**

One of the most surprising aspects of this workshop was the candour on the part of the development community in assessing the state of their industry with respect to aging in place issues. They felt that they weren't quite prepared to launch into this "new" housing market and that it was an uncertain market. As potentially lucrative an expanding "gray" housing market might be, a strategic agenda for addressing these complex issues has not yet been hatched by industry leaders.

Affordability of housing options for aging in place remains an outstanding issue that has not received too much attention, apparently by either government or the private sector, though non-profit organizations have been trying to fill the gaps. This is quite significant as the development industry sees the average income for Canadians being about \$12,000 per year.

There is a feeling within the development industry that there are some efficiencies to be had in both existing and new housing solutions in the form of appropriate housing types. An example of this would be providing appropriate housing for someone who currently lives in a nursing home because they cannot cook for themselves. They could move into a congregate care home where the cooking could be done for them. It is a less expensive solution and gives the senior more independence.

The industry seems to be interested in tapping into the "gray" housing market, but are not yet ready to tackle the complexities of this new and emerging sector. Again, perhaps the key to establishing a reasonable level of certainty in this housing market would be to consult with the respective specialists in a team approach.

### **Developer Profile**

Currently, it is the niche, small-to-medium sized developers who are actively addressing some of the housing needs for an aging population. There is a perception within the development industry that once the large developers start actively participating in providing housing solution for an aging population, a strategic direction will be forged. Economies of scale, which often times is seen as the key ingredient for bringing large developers on board, may not be enough to ensure a reasonable amount of market certainty in this new and evolving sector.

While certain members of the development community have recognized the importance of consulting with gerontologists, there needs to be a systematic and

consistent approach to putting together a full complement of specialists to address aging in place needs. The solutions need to come from the existing context and resolved as such. In the urban context, municipal authorities can become very important partners, along with "urban architects," in updating zoning to retrofit our existing communities to make aging in place physically possible for seniors. Transforming our existing communities into more pedestrian friendly ones could have a profound impact on the feasibility of aging in place for senior citizens.

The development industry seems to be somewhat excited and cautious at the same time about the potential growth in "gray power." The non-profit sector, whose voice is just now being recognized believes some sort of partnership with the development industry could be of great benefit to both parties.

### Solutions

The biggest impediment for the development community to start addressing housing and other aging in place issues seems to be the lack of market certainty and a firm grounding in the complexities associated with an aging population boom. Extrapolating for market certainty in a new and emerging sector like aging in place using old tools and models may not yield the desired results. Assembling teams of specialists to define new market parameters can perhaps give a clearer picture of the situation in which developers can do what they do best. They can assess the risks and the financial implications based on more accurate information and strategies.

One of the key elements to a new strategic direction would be to map out with various governments and municipal authorities a common vision for the future of our communities. Our conceptual framework for our current zoning structure may need updating to actually make aging in place possible.

As for the elusive market demand that has yet to be voiced by consumers, demographically, the need is undeniably there. Consumers will voice their opinions when there is choice. When the consumer has been exposed to and has seen some successful examples of innovative housing solutions for seniors, they will demand it. An "INFORMED CONSUMER = CONSUMER DEMAND."

How do we go about nurturing "informed consumers?" Perhaps targeting popular magazines with articles that would showcase innovative solutions to different aspects of aging in place might be the key. It may be time for "urban architects," architects, gerontologists, health care professionals and demographers to start sharing their perspectives with the lay public in an easy-to-read format.

Consumer demand will make itself heard when there is a wider understanding of the choices available to address the emerging needs of an aging population boom.

# Chapter 6

## STRATEGIC PLANNING FOR AGING POPULATIONS

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### Introduction

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by Linda Allen, Moderator

Welcome to this panel session on strategic planning for aging populations. I'm Linda Allen and I have the pleasure of being the moderator for this session. Our time is short and we have six speakers with quite varied experience and perspectives. I'll introduce them to you in just a moment.

By way of introduction of the session, I'd like to challenge you to think about the community you live in now. How well do you think your community is planning for its aging population? Are there a range of suitable housing choices or has the community "zoned-out" flexibility? Is transit close by or are your neighborhoods car-dependent? What about community services - are there places to go for advice, information, companionship, counseling, recreation? Is your government actively involved in social planning?

In the next 45 minutes we'll hear from our six panelists about some specific tools, strategies and approaches with which they are familiar with that will help each of us become better planners for aging populations and more informed participants in strategic planning processes. In the discussion period that follows the panel presentation, I hope we'll have time to debate some of the issues raised and look more closely at obstacles we face in implementing "strategic plans."

Our first speaker, Jeanette Hughes, will speak about her experience as Chair of the Town of Sidney's Mayor's Advisory Committee on the Disabled. She has been a vocal advocate for the disabled community. Jeanette will be followed by Sharon Martin of the Vancouver Richmond Health Board. Sharon will talk about her experience at the Health Board and the importance of public involvement in housing and planning.

Our third speaker is Irma Matheson, who is also associated with the Vancouver Richmond Health Board as a very involved volunteer. Irma will share some of her personal perspectives as a community advocate and certified peer counselor. Irma will be followed by Simon Oosterhuis, president of VENTEC Engineering in Vancouver. Simon has indicated that he will speak about 20 years of "aging in place" of the False Creek mixed housing project in Vancouver. Our penultimate speaker, Verna Semotuk, of GVRD's strategic planning department will bring us up to date on some regional initiatives related to housing and complete communities.

We are pleased that Ad Raaijmaker, this morning's keynote speaker, has joined our panel. We'll hear more about his experiences with strategic planning methods as well as an introduction to the types of indicators that are suitable for monitoring change. Ad will be our final presenter.

## Moderator

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**Linda Allen** - is a principal of CitySpaces Consulting Ltd., a firm of community and social planning professionals providing services throughout Western Canada, from offices in Victoria, Vancouver and Nanaimo. Earlier in her career, Linda was a planner for the City of Ottawa and Alberta Municipal Affairs. Linda has been active within the Planning Institute of BC, recently completing a term as President. She now represents the province on the council of the Canadian Institute of Planners.

## Panelists

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**Jeanette Hughes** - is Chair of the Sidney Mayor's Advisory Committee on the Disabled. For 25 years she has been an advocate for the disabled community. As a result of her work, the Town of Sidney established an Advisory Committee on the Disabled to identify issues of importance to physically challenged residents, and to find ways of resolving them. She recently worked with the Saanich Peninsula Health Planning Group, and the Union of BC Municipalities Steering Committee on Accessibility and is currently on several other committees. She has also produced a number of video tapes and television documentaries, and her publications include four books and a scooter safety brochure distributed province-wide.

**Sharon Martin** - is with the Vancouver/Richmond Health Board. She is an RN, has an MA in education and development, and has been recognized for her excellence in Community Health Nursing and for her contributions in public health. For more than 15 years she has played a key role in the development of processes for public involvement in health system decision making. In the mid-80's she was President of the BC Public Health Association, where she played a pivotal role in the development of the BC Healthy Communities Network. Since 1993, she has been responsible for the development of governance structures for the Vancouver/Richmond Health Board.

**Irma Matheson** - is a peer counselor with the South Vancouver Seniors' Network. She received her training as a teacher at the University of British Columbia, and worked for 30 years in the educational field, in administration, labour relations, and community support teaching to community groups. She is the co-founder of the Eastside Seniors' Advisory Committee, and is also a member of numerous other committees, societies and programs revolving around community, health, and seniors' issues. She is proactively involved as a volunteer with the Vancouver/Richmond Health Board in the process of Closer To Home and promoting aging in place concepts.

**Verna Semotuk** - is a Regional Planner with the Strategic Planning Division of the GVRD (Greater Vancouver Regional District). Her responsibilities include regional housing policy and research. Prior to her assignment in 1997, she worked as a Planning Consultant in land use, housing, social planning, and impact analysis to municipalities within the Greater Vancouver region, and smaller communities within BC. Verna holds a BA in Sociology from the University of Alberta, an MA in Community and Regional Planning from the University of British Columbia, and is currently working on a second MA in Classical Archaeology, also at the University of British Columbia.

**Simon Oosterhuis** - is Chair of the Seniors' Population Health Advisory Committee of the Vancouver/Richmond Health Board. He holds a B.Sc. in Mechanical Engineering from British Naval College Falmouth and is President of VENTEC Engineering in Vancouver. In the late '50's, his involvement as President of the Netherlands Association resulted in the building and operation of Haro Park Centre, of which he was the founding President. Other noteworthy projects followed, such as False Creek, Casa Serena, and Carital. Simon is also President of the National Academy of Older Canadians, President of Je Maintiendrai Home Society, and a Member of the Seniors' Advisory Committee of the City of Vancouver.

## Panel Presentations

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### JEANETTE HUGHES

The bylaw creating Sidney's Advisory Committee for Persons with Disabilities was sparked by a person with a disability, working closely with town staff. It was passed in April 1993. Sidney thus joined 30 other British Columbia communities with such advisory committees which had been advocated as part of the provincial report released as part of the 1981 International Year of the Disabled.

Members of the seven person Sidney committee are appointed by council for two year terms. (The inaugural committee served until the end of 1993; then some were reappointed for two years and some for one year, so new faces could be introduced while ensuring a degree of continuity.)

Simply stated, the committee's mandate is as follows:

1. Advise Council on items referred to it by Council;
2. Recommend to Council opportunities for enhancing the rights and well-being of Sidney's disabled citizens;
3. Work with other agencies to better the lot of Sidney's disabled including applying for funding from such agencies where appropriate,
4. Promote the concept of a barrier-free society through educational programs;
5. Cooperate with and make recommendations to Civic departments, boards and commissions whose activities affect the disabled.

Less than six weeks after its formation, in conjunction with National Access Awareness Week, the committee presented its first ten awards to individuals or businesses who have made the community a more accessible place. Since 1994 the awards were bestowed as part of our annual "access awareness fair" held each May.

The fairs, focusing on issues affecting persons with disabilities, comprised a two-day Housing Forum (1994), a one day Transportation Fair (1995), a day long Recreation Fair (1996), Accessible Sidney (1997) and Homegrown Solutions Fair (1998.)

Among the features of the fairs has been the production of 13 gorgeous theme banners, a project carried out in partnership with local schools and the Sidney Kiwanis Club for a number of years. Elementary schools made posters.

Communication has been a key component of the committee's success. At least 30 newspaper and newsletter items have appeared annually together with a great deal of coverage on community television.

During a five-year period a half-hour TV show was produced annually at no expense to the town. Thousands of dollars worth of production time were

donated by Shaw Cable community television in Sidney to make such shows as All Ways Welcome, CRD Adaptable Housing, Safety on Wheels (scooter safety,) Many Ways to Play (a filler.) Also, the committee worked closely with Gryphon Productions of Vancouver and the University of Victoria on Stepping Out, a 26-minute video identifying ways to make the community safer for seniors and people with disabilities. Community television is less available in 1998 than previously. At the same time more avenues have become available in various local and provincial publications for getting out the community message.

Following the Safer on Wheels TV shows, funding was received from BC's Seniors Health Promotions to create an eight-page, scooter safety booklet that within a year was republished as a folder brochure. BC Transit came on board for the second printing and their contribution allowed the distribution to go province-wide. Now the information is also on the Internet ([www.thewebpress.com/sidneyacd.html](http://www.thewebpress.com/sidneyacd.html)). Other communities around the province have benefited from the work done in Sidney on scooter safety.

Housing has been an ongoing issue on which the committee has raised awareness and produced action. The committee researched and recommended to Council a 20%-adaptable housing bylaw which offers a density bonus on housing projects in which one-fifth of the project consists of "universal design" units. When the bylaw the committee helped draft proceeded despite some concerns about overbuilding; and, when it was fully in place, a number of local developers accepted the challenge. After much work, three years later Sidney can boast a 20%-adaptable condominium and a 50%-adaptable one. Meanwhile, two projects are recently completed: a 25%-adaptable complex; and a 41-unit, 100%-accessible development that blends congregate care condominiums with five one-level townhouses. Several other housing projects are in the planning stage which will be 100% adaptable (universal design.) On the community level, the work of this committee has started to change the mind-set of Council and local developers. When universal design has been accepted as a community standard, anyone can live anywhere and "age in place" in Sidney.

Still on the topic of housing, the committee obtained two Homegrown Solutions Project grants to develop the concept of adaptable secondary suites. Secondary suites are legal in some areas of Sidney (so housing could be expanded in a restricted land area.) A 1996 grant from this federally funded initiative led the committee to produce an adaptable design handbook. An \$18,800 Homegrown Solutions grant in 1997 is allowing the committee to assist with the development of two affordable, accessible secondary demonstration suites in single family dwellings. This project, to be completed by December 1998, will also document the process and produce an information package (including a video) for Canada-wide distribution through CMHC.



Parking for persons with disabilities was one of the first research projects by the committee. They advised the town to introduce upright signs (in addition to pavement markings) for disabled spaces on municipal lots, and the town agreed. A combination of educating the public about these special spots through the media and through strict enforcement (illegally parked vehicles are towed away from commercial lots in Sidney and fines are levied for infractions in municipal lots) has virtually eliminated the problem. The town continues to look at innovative ways to increase parking.

By ongoing networking facilitated by the committee on the disabled, the Mayor and Council have the benefit of projects coordinated with a great number of groups - namely the business community through (SBA) Sidney Business Association; the visually impaired (White Cane Club); the mobility impaired (the Scooter club); transportation; the building sector (through an architect,) service clubs and many others. All the above are represented on the committee chaired by a committee member who has a disability. Two liaison persons complement the committee, a Council member and the town's Public Works Manager for five years.

By reflecting so many segments of the community and working together cooperatively, committee members have accomplished a great deal in a relatively short time, and despite budget cutbacks.

It is no accident that Sidneyites can take curb cuts and audible traffic signals for granted, or that Sidney probably has more automatic door-openers on business premises per capita than anywhere else in the world.

Sidney's committee has tried to capture the spirit of Rick Hansen's 1986-87 Man In Motion World Tour, from which access awareness weeks developed. The idea of these designated weeks was to stimulate committees to confront the important social issue of access for all of our citizens. Even though the original national program has faltered for lack of funds, this southern Vancouver Island community of 10,900 has taken up the torch.

To quote House of Commons Speaker John Fraser's tribute to Rick Hansen on May 23, 1987, "We're all caught up in the dream, and when the day arrives that all disabled peoples enjoy equal access Canada will be a better place for it."

## SHARON MARTIN

Sharon spoke about strategic planning and put it in the context of the Vancouver Richmond Health Board and how they went about developing their health plan, and some of the challenges they face as they go about their work. The Vancouver Richmond Health Board has brought out its first health plan to guide its delivery of services, \$1.5 billion worth of services in the Vancouver Richmond area. How was this accomplished? To back up a bit: what is a plan? For Sharon, it's a vision and goals and a direction, and so this health plan is about giving direction for the funding of health services in the Vancouver Richmond region. And the second question is: who develops a strategic plan and how do you do that? The Vancouver Richmond Health region and board decided that the people who are affected by health service delivery and who are in a sense shareholders of the system should be part of the planning process. To that end they set up 15 public committees, one of them being seniors. Since the conference is about seniors, Sharon spoke about the work of the seniors committee and about the macro planning.

Sharon asked that, as she describes the region and its funds (they fund 250 organizations to deliver health services,) remember that they're in midst of trying to create a health region so there are a lot of challenges. One of the ways to bring about integration and to bring about a regional system is to have a health plan.

The vision: who was to develop that vision? The board wasn't going to do it alone; they weren't going to ask the service providers, they were going to ask the committees. They developed committees that are geographically based. There are seven neighbourhood community committees, so people in different neighbourhoods could get involved, and there are eight population-based committees, for seniors, children, women, aboriginal people, people with mental illness, with disabilities, ethnic cultures, and one for gay, lesbian, transsexual and trans-gendered communities. How did they get their information? There are about 200 people who work on these committees. Their work over two years was to go out into their communities and find out what were the issues that were concerning different groups. They went through an extensive planning process of talking, holding workshops, and meeting people in the communities in a variety of ways, from being at festivals to holding coffee table discussions. They gathered information from across the city. Of course there were a lot of issues. They then had a weighting tool to narrow it down to their five top issues,

The issues that came to the top across the city were: questions of fragmentation of services, access: people wanted to have services in their language and at times available to them when they needed them, and disabilities access. There were issues around information, having the right information to manage your own care, and having information about the services. They also had concerns about

housing in the city of Vancouver, and concerns about poverty. There was also an interesting issue that no one expected, and that was how people are treated by service providers. The issue, whether you called it paternalism, or "thinking for" or "doing for," was raised consistently across the city.

So what does one do with these issues? They provide the backdrop to the vision and principals of the board. But more importantly, they provided the goals for where the board would be going over the next two or three years. Under the Health Authorities Act, they have to have a health plan every two to three years and they think every two years is appropriate.

The board's goals that emerged from this plan were: to promote and advocate for improvement in the broader determinants of health, to look at things like housing, social economic factors that influence our health; to improve the performance of the health system, to develop integrated and well coordinated health services, to develop and promote health promotion and disease prevention programs, to ensure greater public participation and responsibility in health, to promote greater choice and control by individuals using the health care system, to respect, recognize and support health service providers as a vital force in contributing to the health system.

What did the seniors say? They said that housing was important for seniors. They talked about the whole issue of violence and abuse, about respect for caregivers, and they looked at the whole issue of fragmentation and access.

So now they have this plan, what difference does it make? The one concern Sharon often has about strategic planning is its influence. She believes that often plans and health planning are done in isolation of reality or it becomes a wonderful document that sits on people's shelves. This board wanted a living document. So they have taken some noted steps towards looking at making sure that three or four years from now, the health region starts to look differently, that the health plan starts to influence how services are delivered. A number of the health policies have come out of the plan. These are: the development of community health centres in the Vancouver health region and the integration of services across the city into health centres. Some of those centres will be primary care, and some will be health prevention/promotion, but they will be centres where people will be get the information they need, where they know where they can go to get health services, to try to address the fragmentation, they will be centres where people can come and meet and have support groups. They will be centers of health in neighbourhoods for the neighbourhood and the community.

The second major policy direction that the board took from this plan was to develop a fund, a \$5 million innovation fund for which they are in the midst of calling proposals for, to do five things: to promote the development of

community health centres, to look at some of the needs of building up the continuing care program, as people talked about wanting to stay at home, how do you get enough support for people to stay at home. Another thing was, across the city mental health was a concern, so more money is going toward developing services for seniors, children, aboriginal people. The last two areas are to do more in the area of health promotion and more in the area of the determinants of health.

Each of the committees then met with their communities and said, "these are the issues that we identified as being important that needed to be addressed if our health was to improve." The seniors committee met with people who are providers and local associations who were interested in working in health for seniors. They said, "these are the things we said were important." Then the providers went away and brought back proposals to the region that have gone back to the committees for review, for them to say, "these are the proposal that we recommend that address our needs and concerns."

Now that raises the challenge of public participation, because then you hear: "How would those people know? What would seniors know about their problems? Why don't you ask us? We know. We are the administrators or providers; we know what is best for seniors or aboriginal people or whomever." While you have the ideal of public participation, there is always this problem, a certain small minority that exhibit paternalism towards seniors or people with mental illness or the disabled. "How can they be part of this process, we know and should have the funding the way we have always had it." So it has been an interesting process that the proposals are recommended by the committees, and if they are not they won't be funded. So that is strategic planning in the real world.

## IRMA MATHESON

Planning for the 21st century has come full circle. Personal perspectives, theories, tools and strategies connect vividly to reflections of the past. From untamed wilderness to building of Canada, ancient voices of the past speak clearly the language of a new age. Visualizing a world network of nations extending into the universe. Enormous changes in values, lifestyle, lifespan; discoveries in technology intelligent of the planet earth. Systems changes in environmental applications, diet, vaccines, health, housing design flexible to seniors needs; transportation and safety from crime. Society will be more competitive and traditional communities will all but disappear in a new economy. Non-profits will increase with massive social transformations redefining health and well-being. Even more volunteers will be needed for social supports in the community. Economics, knowledge and education will be central and universally accessible. Innovative, realistic policies and programs will develop to meet community needs with corporate partnering. Roles and responsibilities will change our expectations, attitudes, our way of thinking and how we do things.

### **Mission for quality of life**

Personal spiritual strength has been a guiding force of light and safety throughout a lifetime of adversities and struggles in maintaining dignity and quality of life. It has been a mission of purpose, commitment and self-determination in seeking ethno-cultural understanding for well-being.

Born in the era of "suffragettes," human chattels, the drudgery of washboards, lye-soap, no running water, electricity or telephones and neighbours many miles away by horse and buggy. Immense changes formulating in the second decade of the 19th century are rounding the corner into the new millennium. Taking advantage of the present to preserve the future foretells the direction in which we are forging ahead, by the development of community health centres, "closer to home" and by co-ordinated services at the centres and in the home. Personal and community supports with more involvement in organizations with links to health and aging in place. Maintaining independence, taking more responsibility for ourselves and our family, and informed decision-making once again is rapidly becoming critical with an aging population and limited resources: grassroots involvement is essential. Active advocacy by seniors is effective in areas of housing, transportation, literacy and health care. There is strong representation now by women politically, economically and culturally.

More awareness of our global environment. Working together is more than a physical thing - it's our collective action supporting our communities by pro-active participation as a partner in the process, being more outspoken and passionately committed to ensuring a healthier future. Never losing sight or focus on the quality of life. "Given the right circumstances, from no more than dreams,

determination and the liberty to try - quite ordinary people consistently do extraordinary things!" - D.W. Hock

Lessons envisioned from experiences that "women and seniors can do anything" in visible roles working to "close the gaps." Valuing women's work and well-being by society's recognition of the complexity of their lives needs to be addressed by mainstream programs. Enormous productive work is provided in paid and unpaid realms in our community's future, juggling multiple roles. What would happen if women went on strike? "It's amazing that we're here!" In the future, older adults and seniors will be more assertive in demand of their rights and needs with increasing political sophistication. "... Grounds for hope emerge from the tangible grassroots experience and activities by older seniors themselves..." (Moody, 1988.)

Know where you're headed - look back to the year you were born. Early settlers and pioneers had little knowledge of the fate that awaited them, of the cruelty of prairie winters, the terrifying, unrelenting cold and fierce windstorms with the toll of lives it would take. Nature can be the toughest taskmaster, its lessons of survival never forgotten, vividly etched on my mind and still guiding me along the path I've chosen in life. That is why the past contributes so strongly to the vision of aging in place in the present and the future. In reflection, the pioneers, the older seniors of today, opened up the way for many settlers that followed in their footsteps in building Canada. Mainly living off the land, saving whatever they could, hoping for independent retirement. However, the governments of the day are heartless in clawing back these savings for which seniors had given their life-blood in seeking a better quality of life.

Even more dramatically the present relates to the past in fragmentation of our health system, poverty is the number one health issue and doctors are withholding their services, creating life and death issues with the increasing aging population. My father was a Major (I think!) in WW1; there was an agreement with the government to clear and develop a homestead. Without basic conveniences or equipment my mother worked long hours into the night baking, mending, washing clothes by a single kerosene lamp. In the morning she would pack us all out to the field where she helped clear land and plant crops with my father. Society owes a great debt to the pioneers, especially to the courageous women who had no legal rights of their own; they were indentured to the husband by marriage in those early times. Children were born at home without modern aid. Families averaged 10 to 16 - emergencies were handled by the parents, a lone stove heated the house.

All food had to be grown, hand manufactured, gathered and preserved. Wood collected, stacked for winter and root crops stored in the cellar or root houses to tide the family over to spring. I was one of the babies when our house burned

down in a severe storm. Two of the eldest children tried to keep us warm that night but couldn't survive the rigors of that severe storm. It is impossible to express the anguish, the unimaginable suffering and heartbreak endured by my parents and older siblings. Settlers many miles away saw a spiral of smoke early the next morning and came to help. The cost was too great in lost lives and heartbreak and lack of health services. A year later we moved to BC (I was almost five by then.) Life didn't get better for my mother; she was left alone with so many children. Again, this courageous mother turned sod with only a shovel, planted seed and grew vegetables for our subsistence. We had a cow for a short time but had to sell it to buy shoes for winter.

By this time poverty was so great that thousand of men left home, they "rode the rods" and boxcars hoping to find work, begging for food along the way. The lucky ones got a bowl of soup or some bread but had to do some chores for it. In Vancouver, the mayor G.G. McGeer, read the 'riot act' to men who dared to assemble at city hall asking for jobs. Some of the men were caught and jailed for illegal assembly. In 1929 women were given the vote and legislated as "persons," however this was not widely communicated to the public. Poverty was at starvation level for several years until WWII; men signed up willingly for overseas service. Two brothers were shipped to Europe and Sicily, one brother was only fifteen but the army took him anyway, both died of injuries and the horrors of the war.

I was too young to work in the shipyards where work was plentiful now for the war effort and women could find work outside of the home; this was the time of the "dirty thirties." During this time I became very aware of the lack of equality of genders and women's lack of 'rights.' With this revelation I was determined to get more information and decided that education would provide the answer. This was a goal until after the war when marriage and children occupied most of my time. To supplement income a little manufacturing plant was started pickling whole baby beets.

In 1952 my mother died; she was on her way to work. Pioneer women never had a day's rest or holiday, unless they were the wife of a railroad man, a politician or deep sea captain's wife, or some other wealthy merchant's wife. I am very thankful for a mother who taught me the value of life, family and friends and unconditional love for children; how to cope with life to avoid discouragement, maintain independence and self-esteem. It is her teachings by example that are deeply imbedded in my mind, guiding me in the present with the vision for the future. One cannot separate the past, present, and future, they are intertwined with the physical, socio-economic environment and one's personal spirituality.

### **The present and future - successful aging in place**

A general consensus in new directions of health reforms in the Vancouver-Richmond region is the concept of aging in place. The concept and reforms being implemented gradually provides a voice for the individual, for the grassroots community, for their choices. They need informed decision-making, more responsibility and recognition that intelligent people know their own needs, and are cognizant of changing needs in aging, lifestyle and flexible living space. Their choice of aging in place services when required. The education of developers of housing design should enable the frail elderly, disabled and non-paid family caregivers of disabled to claim some tax exemption, this in turn would save the government millions of dollars. A cost-effective, flexible model of housing with simple modifications could revolutionize the housing industry. With the ability to make choices of where and how to live, seniors will continue to have control over their own lives and thereby maintain their independence and dignity. Seniors would rather live almost anywhere other than in an institution until they decide that they cannot manage entirely on their own (not directed from some ministry, at a distance.) All manner of tools are available today to do the job. Connections to the past are mainly in scope and complexity, in increased populations, demographics, cultures and beliefs.

The majority of older adults and seniors do not fit prevalent stereotypes of inevitable decline. The greatest need for seniors will be for services that help them cope with chronic conditions and enable them to stay in their own homes with family and friends providing social supports in daily living. The social supports can prevent abuse and neglect. Aboriginal women face a heightened risk of health problems in a wide range of areas (Dion Stout, 1996.) Seniors' health deteriorates when they feel boxed in or isolated from family, friends and community. The time has come for sweeping changes in delivery of care, in strategic planning for aging in place, involving education and training in a new way of thinking - valuing seniors for their knowledge - our future is now! Shared responsibilities, respectful attitudes, listening to seniors' needs in a genuine reflective, cross-cultural approach is integral in planning for the future.

Approaching 80 now, I can look back to when there was no health care or even thoughts of comprehensive health care and no human resources or welfare. Chief Justice Hall's report led to the introduction of universal health care as we know it today, but it too, is subject to change. For me it would be like turning the clock back to a dark age in our social development.

Shifting funds to the needs of community paves the way in strategic directions regarding technology, adversity, pestilence and poverty. Coordinated services, community health centres, partnering with governments, businesses, corporations, and grassroots community promotes improved health outcomes/ends. For the first time in my history the voice of the grassroots is being heard,



elicited and respected. There is so much more to be done. Action now, is key to preserve what we have acquired and to realize further gains in the future. I am totally dedicated to public participation, community involvement, aging in place with access to services, information sharing, volunteer commitment in policy making, assisting in governance with regional boards, share resources, the choices of people over their destiny, mutual respect, disease prevention, promoting wellness with an holistic view to alternate medicines and their treatment.

The foregoing pages are a thumbnail sketch of my perspectives. I listened to the music of my heart, the passion of my experiences, the wisdom imparted by my mother - her prayers for her lost children, in her life-long struggles to maintain our Quality of Life.

## VERNA SEMOTUK

The Greater Vancouver Regional District (GVRD) is a federation of twenty member municipalities and electoral areas in Greater Vancouver, whose collective population is currently approaching two million people. The Strategic Planning Department of the GVRD is the steward of the Livable Region Strategic Plan, a physical development plan for land use and transportation that sets out strategies for how, physically and functionally, the next million residents of the region can be accommodated without compromising a number of shared principles relating to protection of the environment, livability, efficient provision of physical services, economy, health and improved mobility. The Livable Region Strategic Plan was endorsed by all member municipalities of the GVRD, adopted in 1996, and recognized as the region's growth management strategy by the Province that same year. It is within the policy framework of this Plan that planning for the housing, transportation and social needs of the region's residents is carried out, in large part by the municipalities themselves and in partnerships among the municipalities, the regional district, senior governments, and private sector groups.

### **How does the Livable Region Strategic Plan address the needs of an aging population?**

The issue of whether the elderly comprise a discrete group of consumers of housing, transportation, or recreation/leisure services is not at all clear to planners today. The elderly living in our communities increasingly do not "fit" the traditional notions: they are living longer, and living longer in good health; many drive cars and are not necessarily transit-dependent; many live in couples; many may be housing adult children and even grandchildren, conversely more elderly people may be living within extended families as the region's ethnic mix diversifies; many have financial equity in houses, or are otherwise financially comfortable and this may predominate as "baby boomers" move into the elderly age cohorts. Given the phenomenon of RRSPs and the greater number of two-worker households that will be receiving two pensions, there is reason to anticipate that the new elderly will possess a significant amount of market strength. In sum, the great majority of elderly people in Greater Vancouver are living in a variety of circumstances, with a variety of incomes, and seek choice in housing, transportation, and recreation much as any other age group in the region.

As a region, we know we're growing; we know that within that total population growth, the elderly will form an increasing proportion over the next twenty years; we know that residents of the region want housing choice, and that over two-thirds of future residents will require or prefer ground-oriented housing of some type; we know that the income characteristics of households headed by the elderly are changing. Although the Livable Region Strategic Plan is addressed to

improving livability for all of the region's residents, the needs of an aging population are served by its policies (and correspondingly those in local municipal plans) in at least two major areas; policies that support housing choice, and the notion of "complete communities."

### *Housing Choice*

The Strategic Plan supports housing choice, and this is also a central tenet in all municipal plans: choice in housing with respect to location, type, tenure and cost. To this end, the Plan particularly encourages the production of more ground-oriented medium density housing in a range of housing types and densities. The region's working definition for this housing includes duplexes, secondary suites, triplexes, fourplexes and conversions (a single family house converted into two or several suites) at the lower end of the density scale, and rowhousing, townhousing and ground-oriented apartment units at the higher end. Within the region, these types of ground oriented housing are being encouraged particularly within what the Plan calls the "Growth Concentration Area," which includes municipalities within the Burrard Peninsula, the North East Sector, North Surrey and North Delta. Concentrating greater proportions of new growth in these areas will enable more people to live closer to their jobs, to plan for residential growth in locations that protect agricultural and other resource lands, and to make better use of existing and future transit and community services.

The challenge of achieving the amount of ground-oriented, medium density housing in the region adequate to meet projected need is fraught with potential hurdles:

- technical - is the development industry able to deliver the innovative housing forms that are being sought particularly for infill development?
- regulatory - is our housing policy and regulatory environment supportive?
- social - are communities, and neighbourhoods within them, prepared to accommodate diverse housing forms and densities over time?

A choice of housing types and cost within a community is particularly pertinent to an aging population, many of whom wish to age in place. The traditional notion that the elderly move in a straight line from living independently in good health through to living in increasingly institutional settings as frailty increases, is no longer the typical scenario, if ever it was. Increased longevity means that people may still have fully one third of their lives ahead after retirement at 65, and within that period will experience a range of housing needs that may have nothing to do with care facilities. As planners, we can no longer "plan for seniors" by thinking solely in terms of planning for an adequate number of apartment units, in seniors' complexes, in locations near transit and health services. This is why planning for diverse types, tenure and location of housing

within a community is a planning goal which increasingly serves the needs of the elderly equally as much as it does other residents in the community.

Because the circumstances of the lives of the elderly are increasingly as varied as for any other age group, the planning responses with respect to housing must be equally varied. Seniors experiencing temporary changes in health and a cyclical ability to live independently require a community services response, and not necessarily a housing one. But when housing is the required planning response, then the "solution" should be the same as for most other regional residents: provide for choice. To this end, the regional district, in implementing its strategic plan, is working with its member municipalities and other partners (senior governments, the development industry, housing consumer groups) to encourage increased diversity in the region's housing stock at a range of costs to the housing consumer, and in locations that make efficient use of public resources (land and infrastructure). Municipalities within the region have been moving forward on a number of fronts to achieve this housing diversity:

- Supportive housing for seniors is a relatively new concept, not yet easily achieved in most municipalities, in which the design of housing and the availability of some services (including meal programs) permits the elderly to continue to live in non-institutional settings within the community. The Province is working on legislation that would enable municipalities to more easily provide for supportive housing.
- Provision for secondary suites and other types of two-family dwellings within existing single family areas can offer the elderly opportunities to have adult children or caregivers live nearby, or to provide the elderly homeowner (who may be equity-rich but income-poor) with additional monthly revenue from rental of a secondary suite.
- Small lot subdivisions can offer single family houses in freehold tenure to any household looking for a more affordable housing type than the traditional single family home on a standard lot.
- Equity co-ops can provide the elderly with independent living in a number of multifamily housing types (townhouses, rowhousing, apartments) in a tenure that is closer to rental than ownership, while maintaining equity.
- Mixed use projects (residential and commercial uses in one building) provide housing, typically that is apartments, and typically that is within or near major commercial areas that are served by transit.
- Protection of existing Single Resident Occupancy (SRO) hotels in some downtowns of the region's core municipalities helps to keep single seniors in affordable housing within communities in which they may have lived for long periods.
- Provision of freehold rowhousing is being tried in the City of Vancouver, and the City of Burnaby has long had three or four older examples of ownership tenure for this type of medium-density housing.

- Most municipalities have policies which set out criteria for conversion of rental housing stock to strata units. This is a means of protecting existing rental housing stock, the majority of which lies in rentals of stratified condominium units since the construction of purpose-built rental housing virtually ended a decade ago. The amount of rental housing stock in the region, and the low vacancy rates within that rental stock is a silent housing concern. Should the construction/design problems currently plaguing condominium projects in the region ("leaky condos") have longer term implications for the construction of new units, the rental housing market in the region could become even more stressed.

### **Complete Communities**

While this is primarily a housing conference, I believe that the planning for "complete communities" that is a cornerstone of the regional Strategic Plan and of so many local municipal plans is critical to permitting people to age in place. Good housing is one component of a livable community. People in the region want to see a wider range of opportunities for day-to-day life within the communities where they live. This means living closer to work, and to recreation, social, education and other services that they may use daily. This means more effective public transportation services. This means having local commercial services nearby, ideally within walking/biking distance. This means planning for greater numbers of people living closer to all these services. If you think of the places you need to travel to daily - workplace, schools, daycare, park, convenience/grocery store, bus stop, community centre - and imagine a community in which these are in proximity to your home, then you are imagining a community in which the elderly can live well, and in which people can age in place.

### **Housing for people with special needs; affordable housing**

When the regional district thinks about housing for the million or so new residents in Greater Vancouver expected over the next two decades, it recognizes that upwards of 95% of new dwelling units to accommodate these new households will be market housing. The Strategic Plan's housing policies therefore focus on provision of market housing. However, there remains a proportion of the elderly population whose needs are not met by market housing. In addition to the frail elderly and the "fluctuating frail elderly" who require care in a variety of institutional and semi-institutional settings, there are members of our elderly population who have housing issues of quite another nature: the aged homeless; the elderly living in hotel rooms; elderly women requiring crisis/transition housing, the elderly on fixed incomes who can afford only very modest rental housing.

These are housing needs which are not typically addressed through regional planning, but through municipal planning and housing strategies that identify particular housing target groups such as families and seniors. Nevertheless, as a federation of municipalities, the regional district plays a role in facilitating inter-

municipal collaboration, and in acting as an advocate with senior governments. For example, the regional district, through its Housing Task Group, provides a forum in which housing and social planners from member municipalities, as well as representatives from the development industry and from utility companies, meet regularly to discuss housing issues held in common, and to explore technical and policy initiatives.

GVRD Housing, whose manager Garry Charles is speaking on another panel here today, has a mandate to manage a portfolio of rental housing across the region, providing for a range of household incomes, and currently this department of the regional district is initiating partnerships with the private sector for development of affordable housing projects in the region.

### Challenges

At the risk of ending up on a “down” note, I have to say that there are a number of phenomena in the region (and indeed seen in most urban areas across North America) that have acted as obstacles to the provision of good housing, and housing choice for the elderly. From the development industry, we have seen some poor market responses: “gated” or “adult” communities which provide for homogenous residential enclaves that turn their back on the larger community of which they are a part, and which exacerbate residents’ fears that diverse communities are unsafe and unwholesome environments in which to live; “seniors projects” which are composed entirely of one-bedroom apartment units in high-rises; and the market’s chronic inability to provide affordable housing for low-income seniors.

From planners and policy-makers, we have seen some equally poor planning responses to housing the elderly: inattention to planning for inclusive communities, excruciatingly slow movement towards performance zoning rather than traditional zoning that strictly segregates components of a community by land use and density; the application of design standards that can “overdesign” some forms of small-scale multi-family housing that lead to cost increases to the consumer, or act as disincentives to building this housing altogether; lack of comprehensive or up-to-date analysis of housing needs in the community; and government retrenchment in housing programs and subsidies.

And from communities themselves, we continue to see inhibiting behaviour: NIMBYism, often in response to the introduction of any new forms of housing at all (increasingly even “housing for seniors” is not necessarily welcomed into neighbourhoods;) and neighbourhoods equating needs for personal and community safety as a need for strict division of residential areas into homogenous zones. Community acceptance, after all, may be the most significant challenge to implementation of current regional and municipal housing policies that would benefit the elderly.

## SIMON OOSTERHUIS

Simon spoke about the development of False Creek South, nearly 20 years ago. This example is useful in light of the development of False Creek North at the current time. It is hoped that some lessons have been learned in 20 years about the development of industrial lands into a community.

In particular, he was involved in one of the first non-profit housing projects that went into False Creek South. The philosophy in 1975 was to create an exciting new habitat where people from different walks of life could live and enjoy a good neighbourhood. The criteria set by the city at that time were to accommodate high and middle income groups, families as well as seniors and persons with disabilities. The idea was to create a whole new community which would have representation of the city as a whole. The society had a prime piece of property which was critical to the success of the project. It was supposed to be pedestrian oriented. People with cars were discouraged from applying, though by the time they moved in, everyone had cars. Parking was not well accommodated in the development, though they scrambled to fit them in later.

The proposed project was to be a large development with 126 units for mixed types of people. Units consisted of three 3-storey apartment blocks and 53 townhouses, which was a very good mix of varied accommodation. With the City and CMHC, units were allocated for specific income groups, with 58 units for tenants with an income of \$11,000 and lower (in 1975 dollars,) 50 units for people with an income between \$11,700 and \$19,000, and 18 units for those with incomes above \$18,800. To allow reasonable recovery rents to be set, the provincial government provided high impact grants of half a million dollars because interest rates were very high then, 12% and higher, and construction costs were also high. This provided a subsidy so the project could sustain attractive market rents. The association also put a surcharge on the high income groups to subsidize the very low income tenants. This worked very well. People were willing to pay because they wanted to live there. Capital costs were met by borrowing 5.9 million dollars from CMHC at 8% interest. At the time it was a very good deal. Construction got started. The society interviewed about 200 people. When they finally moved in there was the problem with the parking. However, it was still a success. The interior of the development was maintained as a car free zone.

When the selection process was complete, there was a mix of 34 two parent families, 24 single parent families, for which there was a tremendous need even then, 9 couples, 31 singles, four senior couples, 14 single seniors and 9 persons with disabilities. About 18 different cultures were represented, because that was another goal. It is still the case today.

Economic rents were low compared to other projects, but in the fourth year, there was difficulty because the high impact grant diminished and disappeared. The project was running at a deficit of \$150,000 which was very high at the time. Rents were quickly increased 6% that year to reduce the deficit. In the tenth year they caught up and since then rent increases have been at about 3-5% per year. Over the years we had a large waiting list, which allowed them to retain the same mix of people and income levels. The quality of living in the project has been maintained at a very high level, though this concept would be very difficult to sell these days.

As the project aged, so did the tenants. Many original tenants are still there. Six of the original seniors are still living, some have been there more than 10 years. If we examine what has happened to them over the years, we find that as the original tenant population has matured, support for each other is growing, and many report receiving assistance from neighbours with shopping and other chores. The society has encouraged visiting professionals to give lectures to inform and direct the older tenants to maintain their independence as long as possible. Over the life of the project, seven seniors have passed away, five within the last five years, which shows that people are aging in place and getting quite old.

In a small survey on services and social supports needed, of the 20 seniors who responded, four reported receiving help from family for bathing and other chores, doctors visits, etc., two reported receiving help from homemakers, one reported receiving medications from a health care professional, and one senior reported being picked up and dropped off by a handy-dart as well as a volunteer driver to church on Sundays.

One of the things found that is important, is that for people deteriorating and aging in place, there was no support in place. There have been some behavioral problems which could no longer be managed. Professional help could not be found in dealing with situations where people needed help. No agency or department would claim accountability or get involved in finding a solution. This placed a heavy burden on the non-profit housing society who were left with the choice of leaving tenants at risk, or evicting them to preserve the health standards and safety of the building and other tenants, knowing that the evicted tenant would fall through the cracks in the system. It is clear that even in an idealized community such as this example from False Creek, in order to sustain a multi-generational and mixed income community, particularly where people are aging in place or have other physical or psychological challenges, must have community supports available to assist the non profit society in managing and supporting tenants' ability to continue living independently.



## AD RAAIJMAKERS

Ad presented additional information about the planning process in the Netherlands following on his keynote presentation in the morning.

Besides the research and planning process that was undertaken in the Netherlands, there was a whole integral participation process. This means that on the level of the neighbourhood, the elderly, all different institutions, and the municipality joined into an integral planning process from the perspective of the elderly. That is housing, scale, care, welfare and social services, because when you want to live independently for as long as possible, it is evident that you need all those services. If you have a beautiful dwelling, adaptable, etc. but there are no shops nearby, no home care services or the home care doesn't function, Ad says wistfully, you might as well go to an institution.

In those districts that do take the initiative, who wants a strategic plan? Does the government want a strategic plan? No. It's the people who live and work in a district, and the local municipality who want the strategic plan. Otherwise the planning goes top down and then it doesn't work. There is incentive to make a plan when there is local cause or initiative. That's the first important notion.

How was this type of planning started? In the 60's and 70's there was advocacy planning. Students were very interested in doing something for minority groups, to help them. Plans were generated, but municipalities did nothing with them, institutions did not invest in them. Then they came up with the idea for an integral process, where there is an external researcher or planner who is the "agent" in a kind of integral process, and they join together with the elderly, who are in this case the "target" group, the institutions and the municipality. You have people who have knowledge about the neighbourhood, you have those with expertise, and you have those who have the money. This is what makes up the integral perspective.

You often hear about all kinds of regulations that make everything difficult. Some years ago in a province in the Netherlands, they started a kind of pilot project about what could be changed. There were many aspects to the integral planning process. Someone from the government was sitting at the table, asking "What's going on here?" There were all kinds of problems. It was a kind of eye-opener for him, because he was actually involved in the planning process where he had to deal with people and institutions. Years later, things have since changed. It's not as inflexible as it seemed to be.

Ad then talked about other elements that are important in this type of process. Normally there has to be a cause for change. It can have to do with a specific problem or an organization or because there is a problem with elderly concerning

the adaptability of housing, or a nursing home that requires renewal. It is handy to have such a cause to start the initiative because you get results in a short time, because something has to happen.

It is also very important to understand who takes the initiative. Is there a small group in the neighbourhood who are willing to invest a lot of time and money to act upon the ideas? In such a process it is difficult to tell people that things can change, because it takes a lot of energy. You need backup in the neighbourhood. People who have the same idea - say we are going for independent living for the elderly as a general theme; what it actually means, nobody actually knows, but it's kind of a nice objective. That's the way it has to go, there needs to be consensus. But you can't make it too concrete, because then there will be dissent.

Is there also a kind of network in the local setting? In the Netherlands, there are such networks. Often it is just individuals who are networked; it's not really organized. Very often it's only between health and social services, and not really housing. There are two different lines, not really connected. They have different approaches, different ways of thinking. They do not very often work together in a systematic way. Another important point is: does housing for the elderly have a high priority within the institutions and the municipality? Do they think that it's an important theme? Of course, with municipalities, it depends on elections and how many elderly are there. But some institutions are just not interested. They may have a small percentage of elderly in their housing stock, etc. This can be difficult to handle. There has to be a notion that something has to be done. Ad believes that, when all those things click together somehow, then the funding of a project is not a problem at all. It is also very important that the process be directed by a party that is not involved in the neighbourhood, in this case a university or institution who is in the lead for a short time. It's like a bus. The researcher jumps on the bus and changes the direction, but then leaves and the bus goes on. It's important that the group perceive that someone will do the work. That's very important.

Ad concluded by saying that the historical situation is also important to determine a successful strategic planning project. Do the people in the neighbourhood have experience with some kind of other plans? Normally they have very negative ideas about planning. This is because it always came from the top down. That makes it very hard for a municipality to develop such plans. This is because, when someone comes to a neighbourhood to make a plan, they (the citizens) say, "Ha, like the other seven, and what do you do with it? Nothing! And look at my dwelling, everything is wrong with it." On the other hand, the municipality is very important because they are the main party interested in the integral approach. Larger institutions and governments are not locally based; their interest is broader.

## Rapporteur's Summary

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by Annwen Rowe-Evans

Amongst the myriad themes that are essential to a thorough examination of aging in place, strategic planning has perhaps taken up the least room. Given how substantially our attitudes towards aging have evolved over time, and how immediate many of the aged's needs truly are, it should not come as a surprise that strategic planning has taken a back seat to more crisis-oriented issues. Nonetheless, the imperative to act now for the future is indeed a pressing need. Not only does such strategic planning form a key part of the aging in place puzzle but it also provides a foundation for understanding many urgent problems in the field of aging: the restructuring of our health system, government fiscal restraint, privatization of social services and so on. Strategic planning for aging populations, as we examine it here, involves theories, strategies, and tools designed to accommodate the needs and preferences of older adults within both existing and new communities and to overcome the obstacles to aging in place. It consists of rethinking the very form and nature of our communities in order to accommodate and integrate the aging process and the aged. It requires special attention to strategizing, to process, to seniors' services and to the role of municipal government structures.

From the outset, strategic planning demands a focus on strategizing about the aging process and its impacts on our communities. Work in strategic planning must be supported by a clear, comprehensive vision and practical, attainable goals. We can revisit, and in fact on principle should revisit, our definition of vision and goals on a relatively regular basis: acting in the best interest of the community entails retaining both a certain flexibility and an overall stability in our final objectives. The evolution of thinking on strategic planning over the last few decades has also promoted the importance of planning in a realistic context, the need for effectiveness and efficiency, the necessity of setting priorities, and the benefit of incorporating different ways of knowing into the examination of aging in place. Some have also suggested that re-examining our community history for key survival strategies will considerably enrich our present context and strategizing efforts.

Strategic planning for an aging population also obviously requires a particular attention to process. Time and time again, communities are recognizing the importance of public participation, community involvement, grass roots initiatives and shared power. Although generally accepted in theory, the practice of implementing such concepts has often been agonizing but rewarding. Key strategies and tools for the process of strategic planning for aging in place include: increasing individual choice and control, establishing mutual respect, insisting on partnership, encouraging informal helping, prioritizing local advocacy and leadership, identifying key community players and interests, modeling with

flexibility, and implementing community education priorities such as hotlines and public information fairs. Obviously enough, including and integrating the values, objectives, and ideas of those individuals most impacted by strategic planning for aging (some would say this covers the entire community) has proven its utility in both planning and implementation. Should we be so crass as to only admit that it has improved community "buy-in" to government and corporate planning efforts, we have demonstrated at least a basic utility of this attention to process. And we can only hope that an improved orientation towards process in strategic planning will leave the obstinate theories of a government-defined public interest or competing adversarial publics behind, in favour of an integrated process of community-focused planning.

Perhaps the key output of any focus on strategic planning for aging and the aged centres around services and amenities for seniors. Considerable local strides have been made in such sectors as health and wellness towards rejecting a former fragmentation and overspecialization of services and promoting in their place effective integration and the broader determinants of health. Theories surrounding complete communities and independent living have been realized in increased housing choice for the aged and integrated community health centres. Strategies to increase accessibility and mobility in services for older adults have lead to a fuller participation in community life for all community members, and represent serious efforts to overcome the obstacles to aging in place.

Finally, there has been, and still needs to be, an increasing emphasis on the role of local government in strategic planning for aging in place. Much discussion has focused on the importance of community-centred decision-making and awareness-raising among the general public, yet all the while we ought to recognize both the power and potential of municipal councils and planning departments. Seemingly political issues surrounding the impact of civil society on governance structures can actually aid the cause of aging in place by means of such tools as adaptable housing bylaws and such strategies as inter-municipality cooperation. A receptive council's ability to unlock regulations in favour of a more aging friendly community will certainly make enormous contributions to local efforts towards aging in place.

The issues raised here, frequently presented in the form of theories, strategies and tools for strategic planning for aging populations, constitute an important foundation for a long-term commitment to aging in place. Although strategic planning may be relegated to last place in the list of priorities for many of our communities in crisis, it nonetheless represents one of the most important starting places for a better understanding of aging and the aged. Many questions remain to be answered surrounding the best structures for strategizing, the exact components of an effective planning process, the most beneficial models for seniors services, and the keys to a balanced community/municipal government relationship. But, with strategic planning for aging populations, at least we know where to start.

# Chapter 7

## HOUSING POLICY AND THE POLITICS OF CHANGE

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### Introduction

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by Veronica Doyle, Moderator

The panel on housing policy and the politics of change was designed to highlight regional and local planning for aging in place. The withdrawal of the federal government from funding new social housing has led a gap that severely limits the traditional non-profit housing approach to seniors' needs. While the provincial government has maintained its funding for social housing and for the Shelter Aid for Elderly Renters (SAFER) at historical levels, the funds must be shared by families, individuals with special needs, people who are homeless or at risk of homelessness and low income seniors. In any case, social housing funding was never intended for supportive housing even though providers are increasingly looking for ways to support tenants who now need assistance.

The loss of funding, coupled with the increase in very elderly tenants, intensifies the need for communities to take leadership in developing new approaches to meeting local needs. The panel assembled for this topic brought a wide range of perspectives to discussing this task: Jon Pynoos, Director of the National Resource and Policy Center on Housing and Longterm Care at the University of Southern California, gave the overview: a number of approaches governments can use to encourage market and nonmarket initiatives. Garry Charles, as Manager of the Greater Vancouver Housing Corporation, is used to finding housing solutions that will work in very practical terms. Garry also added to the discussion his experience with successful projects in Manitoba. Beverly Grieve, long-range planner with the City of Burnaby, addressed what municipal governments can bring to the partnership, facilitating local partnerships as well as working with the provincial government to ensure that an effective regulatory framework is in place. Linda Mix, representing the Tenants' Rights Action Coalition, highlighted changes such as gentrification in older neighborhoods that are reducing the availability of affordable rental housing. Finally, Patricia Baldwin, chair of the Sunshine Coast Regional District, gave the example of a permissive bylaw that would address the varying circumstances in rural areas.

Together, this group provided a broad vision to guide local initiatives combined with a pragmatic understanding of the practical and political realities encountered in planning for action to prepare our communities to support aging in place.

## Moderator: Veronica Doyle

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*Dr. Veronica Doyle* - is Manager of Housing Policy at the BC Ministry of Municipal Affairs and Housing. She has a Master's degree from the Harvard Graduate School of Education, and a doctorate from the Gerontology Research Centre at Simon Fraser University, focusing on housing for older adults. Before her current appointment, Veronica worked with VanCity Enterprises developing innovative housing projects for older people. She carried out community-based research projects on the housing preferences of older people and the qualities of well-managed seniors' housing, and on health-promoting characteristics of community programs for seniors. She was also a Board member for the Yaletown House Intermediate Care Facility from 1989 to 1993.

## Panelists

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*Beverly Grieve* - is a Long Range Planner for the City of Burnaby Planning Department. She is a professional urban planner with experience and interest in housing policy, growth management strategies, sustainability issues and public consultation processes. She has a BA in Geography from Simon Fraser University, and an MA in Community and Regional Planning from the University of British Columbia. In her current position for the last 11 years she works with the Burnaby planning team, residents, and City Council to develop and implement Burnaby's innovative housing policies and programs. She has also worked on the GVRD's Housing Task Force and the Lower Mainland Housing Issues Group.

*Garry Charles* - is Manager, Greater Vancouver Housing Corporation. He has over 20 years experience in the operation of and management of social and non-profit housing projects and programs. This has included the development and delivery of programs to support the aging in place of residents for over 2,500 units of direct managed seniors' housing, and 3,000 units of sponsored non-profit seniors' housing.

*Patricia Baldwin* - is the Principal of Communitas, a management consulting company. She is also Chair of the Sunshine Coast Regional District. She has a Masters of Philosophy, with a city planning and land economics specialization, from the University of London, England, and Honours degrees in Architecture from the Université de Montreal, Québec, and the University of Liverpool, England. Ms. Baldwin has conducted more than 50 rezoning submissions related to residential, mixed use, recreational and industrial development for the public and private sector, and over 200 feasibility studies on a diverse range of housing issues. She is recognized nationally as an expert in housing policy and analysis.

*Linda Mix* - has been a housing advocate since the early '90's and works with the Tenants' Rights Action Coalition. She focuses on promoting the development of affordable rental housing in the City of Vancouver. She works with seniors in non-profit housing to educate and ensure their needs and rights are acknowledged by housing providers. She participated on the Design and Development Committee for the social housing portion of the Woodward's building conversion, and is hopeful that a social housing component will someday be included in the project. Linda is also a participant in stakeholder discussions around the reform of the Residential Tenancy Act.

## Panel Presentations

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### JON PYNOOS

What do you do in a time of retrenchment? Despite stability in housing funds, we know there is a growing need for options and better environments. Let me try to reiterate a few points.

You try to make best use of existing housing stock that you have, because it's expensive to build new. Focus first on where people live, and most people live in their own homes, and that's where they prefer to stay. That's the place where the least attention has been spent in most countries. How do you make it easier, more comfortable, safer for people to stay in their own homes. One way is to modify the homes for those that need them, i.e. ramps, grab bars, walk-in showers. You can modify homes according to their desires, but it takes money, commitment, and a service delivery system. The problem is, they don't fall easily into one agency in the government. The private sector is left to deal with it. A lot of people can't, can't afford it or are reluctant to make those changes.

Second, bring services to people, which is happening here in Canada.

Third, allow home settings to be adapted in ways other than just physical adaptations, such as accessory units, allowing part of house to be converted to living unit for a caretaker or family member, or for an older person, with some privacy. Adapt some housing into shared housing, (some older houses are big enough,) because it's expensive to build new, and you want housing to be in neighbourhoods. This kind of adaptation is a real possibility.

Fourth, how do you get equity out of the home? A lot of older people own their homes. This is happening in Europe and now there is now experimenting in the US with reverse mortgages. You can get money out, stay in the house, and the bank or government guarantees that you can stay. You can buy services, make modifications, go on a vacation. This is another piece of the puzzle. Banking and financial companies in the US have been charging older people unreasonable rates, etc. so the government has had to step in in terms of consumer protections.

How do you make better use of the existing seniors housing in communities? You can cluster services to make it more efficient, retrofit them to add more common space for health care services, activities, or dining. You can add service coordinators to link people to services that they may not be aware of. You can take some of these places and "export" services. Use them as bases to provide outreach services to their neighbourhoods. This is done in Scandinavia.



We need to fill in the gaps. There are gaps in the housing continuum. This morning, some of you were talking about small homes for people with Alzheimer's disease. We can afford to do this, it's much more humane, they can fit into small communities. We can do things in ways that are very different from the way we have traditionally dealt with them, such as large and expensive institutional environments. We need to make ways to make these affordable for low income people.

What do you do about professional or political barriers that exist? Planning can be a useful tool, because it can establish needs. The planning process itself can fill a useful constituency, because it draws a lot of people into thinking about the problem. The planning process can include not only agencies representing the elderly, but also families and young people, all of whom have a stake. Second, education, of which this conference is a form. Bringing people together. Networking is a real key to eventual change.

Third, to change the process itself, both formally and informally. Agencies can create task forces to address issues, broad based task forces that bring people together on a regular basis to talk about barriers, solutions and new ways to address problems. Another way is cross training, professional people have a certain perspective, come from a certain discipline. Cross training allows people to see a wide variety of issues from a different perspective. They start to understand the language.

Site visits to exemplary projects are a wonderful way to educate people and raise awareness. Because housing is physical for the most part, you can take people to see things, even home modifications. Study groups that travel to other countries. You can learn a lot. Especially politicians, they love to visit seniors, who are voters. Site visits give a different conception than sitting around talking about it.

The hardest thing is to change structures. There are different agencies at all levels of government. There are ways to get these agencies to work better together. Task forces could have agendas, such as creation of memoranda of understanding addressing specific issues, i.e. small homes for persons with Alzheimers disease. Out of it is going to come something practical. Health departments, zoning, all these agencies will help each other. There are processes that we can implement.

For the most part its a matter of political will. If the constituencies are seen to be broader than they might first appear, including families, younger, and older people that have a stake, then it is possible to get attention and make these changes.

## GARRY CHARLES

Housing is certainly one area where the politics of change has had a major impact. Federal retrenchment and its withdrawal from the housing field has left the Province as the senior level of government responsible for housing policy and funding.

However, the planning necessary for a basic community foundation to support "aging in place" needs to occur at the municipal and local level. Local governments need to more clearly and concisely express the future needs of what will be a changing and aging population. Here in the Lower Mainland, the Livable Region Strategic plan identified issues such as transportation, air quality, population growth and the need for affordable housing to create a livable community. Its major statement as to housing form was to emphasize a targeted level of ground orientation for new development, in conjunction with achieving increased density. We are about to begin the first review process for the Livable Region Strategic Plan.

### The Revisions To The Plan

It would seem essential that plans need to address not only the issues of population growth, but also the changing demographics and composition of that population as it will occur over the next 30 to 40 years. Identifying targets or objectives for accessibility and affordability can help to bring the future into sharper focus.

At the local level municipal plans and context statements need to not only address issues of density, etc., but also need to describe the range and scope of housing and community services that will be necessary to accommodate the demographic shifts that will occur.

For the majority of people "aging in place" will mean that as a first choice they will be able to remain in their current community. The second choice most likely to reflect a desire to be closer to essential services and supports available in town centres or service centres within the larger community. For these options to be there the planning needs to start now, because the impact of what we plan and build today will be with us for a long time.

Current approaches to zoning by their very nature are restrictive. To meet future needs we may be better served by developing new techniques that can define and accommodate the diversity of housing and living choices that will be necessary.

For the future we will need zoning districts that provide for a wider range of housing choices. If "aging in place" is to be a real option, we need to target areas around town centres, local service centres and major transportation links as being key areas for creating an early focus on "accessibility" planning for housing, business and amenity services.

To address these issues at the local and regional level, the Province needs to assume a leadership and co-ordinating role in a number of areas.

We need a common vocabulary, terminology and a set of definitions to address aging in place planning and development issues. Simple but frequently heard terms like "accessibility, adaptability," etc., can have widely diverging meanings to planners, architects, engineers, developers, housing advocates and special interest groups. We need to be speaking the same language.

The development of community and consumer education and awareness programs is an important early step. Local communities need information on "aging in place" issues to participate fully and positively in planning for the needs of their communities. Individual consumers need adequate information and an understanding of the options to assist them in making housing choices that will meet their long term needs when making post-child-rearing housing decisions or investments.

An informed consumer can have a major impact on the housing market as a result of their purchasing decisions. We also need provincial co-ordination and consultation with municipal partners to undertake a review process to make changes to building codes and design standards. In the housing sector the building code currently supports two extremes, independent living and institutional care. There is a need to identify a third sector that provides for independent living with supportive amenities and services. Currently innovative solutions can be classified as institutional for lack of a suitable alternative. A recognized third sector can be an important component in supporting the development of both more affordable and supportive housing choices.

The Province played a leading role in developing a basic set of maintenance standards that could be used at the municipal level. A similar approach could be used to develop a set of design standards that would address the basic accessibility issues that would meet the needs of the vast majority of the population that will age in place.

One suggestion for a possible new partnership initiative focused on housing that could have a significant impact on the availability of affordable housing: a tax incentive program for secondary suites that meet basic accessibility criteria.

Partnerships involving housing, health and local communities can maximize aging in place opportunities and produce significant savings in health and home care costs based on experiences elsewhere across the country:

- Tenant and Community Resource Programs
- Congregate Meal Programs
- Emergency Response Service
- Focus Programs
- Supported Housing Centres
- Food Bus Programs

## BEVERLY GRIEVE

The challenge to provide affordable housing (with a special reference to seniors housing) will be discussed in relation to the following themes:

- (i) Challenge to provide housing in a changing jurisdictional environment: The devolution of responsibility from federal government to the province and the increasing requirement of the province for local governments to be "partners." Housing needs are more acutely felt at the local level.
- (ii) The challenge to ensure livability of the region: Challenges to accommodate future growth in a sustainable way. What will this growth look like and what does this mean for seniors?
- (iii) The challenge to provide affordable housing: Some methods the local government can use to help build affordable housing with special reference to seniors housing. This includes requiring a percentage of housing in large developments to be affordable; giving extra density to developers when providing (e.g.) affordable housing, adaptable/universal housing or special needs housing, leasing land for housing, secondary suites.
- (iv) The challenge to provide appropriate housing: In the region, there probably is enough land for housing to meet needs to 2021. The problem is that the housing is in the wrong form (apartments) and wrong place (outside of growth concentration areas.)

In Burnaby, a good portion of the multiple family market is geared to seniors or older adults. In fact, the greater challenge is encouraging developers to provide housing for families. While the form is generally appropriate, it is the "other things" that are needed to make housing appropriate for the differing needs of seniors. Some of the housing options and roles local governments have considered or are encouraging are:

- Abbeyfield
- congregate care
- working with health officials to provide a framework for small scale supportive living
- requiring/encouraging provision of adaptable/accessible/universal units (this will be elaborated on in relation to current work)
- asking for the provision of amenities such as secured and accessible storage of aids such as scooters and wheelchairs
- conversion of Personal Care level facilities to seniors room and board
- providing basic support services to seniors oriented developments (meals, housekeeping, emergency alarm)
- encouraging older non-profit seniors developments to add support service options; especially important as residents "age in place"
- realizing that many seniors want to stay in place and ensuring that other facilities are available such as shopping, doctors, senior centres, and transit
- support for programs such as RRAP that can help remove barriers in housing units
- information referral for seniors

## LINDA MIX

Housing is a direct determinant of one's overall health. At a basic level, it is essential that a person's physical space be warm and dry, a livable size and well maintained. Housing that is cramped, cold, damp and in poor repair directly impairs one's overall physical health. Likewise, one's mental health is directly affected by one's surroundings. This is not news to any of you.

Vancouver has the highest rents and the lowest vacancy rates in western Canada, and is second only to Toronto. That our homeless population grows exponentially every year is a record that we as advocates, government, housing and health providers must truly be ashamed of. The fact that many of the homeless are seniors is even more distressing. The market cruelly influences the diminishing supply of housing for all low income people, and seniors in particular suffer the loss of affordable rental housing to the forces of the market.

Gentrification, through demolition for higher priced housing in areas such as the Downtown Eastside and now in the West End, with the City of Vancouver selling off rental units in the heritage blocks of Mole Hill, further erodes the rental stock. Not long ago, local housing advocates were raising awareness about the substandard conditions in Vancouver's single occupancy hotel units, otherwise known as SROs. These units needed to be replaced by more social housing. Today we're fighting to keep these units left standing to maintain the "affordable" rental stock.

Some low-income urban seniors have no alternative but to live in SRO hotels in the Downtown core. This is the last stage in shelter before the street. A good number of hotels are not maintained, and cockroaches, vermin, IV drug use and sex trade activities are rampant within these buildings. Often seniors are left vulnerable, shaken down and assaulted by the criminal element that are their neighbours.

**I have a brief story to tell you:**

"Monica" is a First Nations elder who lived in a dirty SRO hotel in the Downtown Eastside. She had to share the only bathroom on her floor with the other tenants, most of them men. At the time I was working as an advocate at DERA when she came into the office with a face black and blue and swollen. She had been robbed in her room, beaten and sexually assaulted by someone who had kicked in her flimsy door. Her slum landlord would not fix her door and she was victimized once again. Monica had been on the DERA housing waiting list for several years, and came to DERA looking for another place to live. As luck would have it, we were able to relocate Monica to Solheim Place, a DERA building named for Olaf Solheim who had been evicted from his SRO to make way for EXPO tourists and shortly died from the trauma of losing his home. She cried when she saw her new one-bedroom apartment with her own bathroom.

Something we take for granted was like luxury to this woman. Several months later I ran into Monica at the Army and Navy store; she gave me huge hug and told me that she was so happy, she could cook meals and her grandchildren could visit her now that she had a real home. What a wonderful change this safe and decent housing made to her life.

Lately, gentrification, redevelopment and conversion in the Downtown core threaten last stage SRO housing. Last summer 100 units in the Niagara Hotel were lost to renovations for conversion to tourist use. More recently in reaction to a City of Vancouver initiative to restrict conversion, almost 200 tenants were evicted in three Granville street hotels and are scrambling to find other accommodations.

Demolition of low-density rental units in neighbourhoods such as Kerrisdale, South Granville and Fairview puts further stress on long-term tenants. Securing similar housing within their neighbourhood on a limited income is next to impossible. Aging in place becomes difficult.

In the spring of 1998, more units are threatened by demolition for condominium construction. These units are not being replaced and as a result, long-term tenants are displaced with few choices in housing.

Federal government abandonment of housing programs has put further pressure on the provincial government and municipalities. The Province has kept their commitment to housing with the development of about 600 new units a year. This is the same number that the province used to contribute under the cost shared program with the federal government. Based on what the federal government used to contribute, the province is currently 8000 units behind in new social housing development.

Any new social housing developed in the past few years has been targeted for families with children. Women, in particular those between 45 and 60 who are the working poor fall through the cracks when it comes to securing non-profit or social housing. In order to qualify one must fit into the peghole of disability or age. BCHMC has a waiting list of over 10,000 families and seniors. The wait can be several years and some die waiting for affordable housing.

Mega-developments such as International Village and Coal Harbour have negotiated with the City of Vancouver to remove affordable seniors housing from their development plans. Any payment in lieu for land set aside for social housing is a mere pittance, and the units do not get built. Most new development is targeted to the condo market. No significant rental housing has been built in many years. Existing rental housing built through previous government incentives are now lost to 'silent ' conversions. Others face demolition through

neglect. Restrictive municipal zoning that does not permit secondary suites or infill housing further impact the availability of decent affordable housing for seniors.

A 1993 provincial report on health revealed in a survey that 52% of BC tenants have housing affordability problems. Some seniors are forced to live with distant family members, and there are several anecdotes of seniors abuse at the hands of these relatives. However, that is for another workshop.

### **Solutions for the 21st Century**

- Legalize secondary suites. Municipalities must recognize secondary suites as a legitimate form of affordable housing. Secondary suites build and strengthen neighbourhoods, seniors are able to remain in their desired area, utilizing community services and continue to be part of the community. Secondary suites, properly maintained, add to the affordable housing stock. Recommend inclusionary zoning in all municipalities.
- Meaningful 20% solution with the developer required to build units, or a non-negotiable covenant for mega developments. Lease a percentage of units to the municipality or a social housing sponsor. The units can be included in the development. "The Edge" on Vancouver's industrial waterfront is an example. The City of Vancouver negotiated a 99 year lease to provide co-op units within the development for low-income people. Let's see this happen in all new large developments.
- Public/private partnerships such as VanCity Place for Youth. Woodward's, a joint venture between the Province and a private developer would have housed 75 to 100 seniors in the Downtown Eastside who are currently in substandard housing and on waiting lists.
- Higher density bonusing for developers who include affordable rental housing within their sites. Make this a "social benefit" tax break.
- Moratorium on the demolition of sound, low-density rental and SRO units. Demolition must be tied to the vacancy rate. One for one replacement of any rental unit demolished to be replaced with new rental, or requirement for rental units to be included in the site.

A colleague of mine keeps saying, "The buffalo ain't coming back." That is not acceptable. We need to call the federal government on the carpet and make them accountable for the increasing number of homeless. Bring back a national housing strategy. We need to challenge politicians and developers to commit to increasing rental housing stock.

## PATRICIA BALDWIN

Patricia, in addition to being a consultant in housing and housing policy, ran for political office in a rural area and got elected chair of the Sunshine Coast Regional District. The community is in many ways a microcosm of province. There has been 5% growth per annum since 1971, and the population is equally split between families and the elderly.

She learned an interesting lesson in that position, as her first task was to respond to a dire need for cemetery space. The need for more land led to an application for free crown land for cemetery lands. In the interest of public health and safety, a land transfer was made.

In the meantime there was a burgeoning crisis around the availability of flexible, supportive housing for various groups, including the elderly.

The board created a new universal bylaw for the Sunshine Coast addressing special needs and special interests. It is an enabling, permissive bylaw, not a restrictive one, and it is almost complete. The bylaw will allow parcels over one acre to have a multiple occupancy profile, and up to 8 persons per acre. They are redefining the definition of family, introducing a blanket provision that permits accessory dwellings, and, toward the protection of public interest, required community consultation for special needs or interests.

Regional staff looked along the strip of communities on the Sunshine Coast for suitable sites for sustainable, responsible developments that reflect community values. Because of the relative autonomy of the district, the transit system can be managed to meet local needs. Locational criteria have been established such that affordable supportive housing must be on a bus route, within "striking distance" of service areas, the community hospital or clinic, and must have public-private open space and buffer zones.

In a special needs policy paper, the SCRD asked for crown lands in the selected preferred locations that meet locational criteria, to be set aside for special needs. They have set aside about 30 acres. In this way, the district will try to attach the same public interest principles to public health and safety as the province attaches to cemeteries.

The main issue was correct locational criteria and locations, particularly in the context of rural areas and urban hinterlands. Eighty-five per cent of people live in their own homes. These permissive bylaws allow people to live in their own homes and manage their own risk, as long as the district provides as much of the support as possible to those locations.



It is in the best interest of the regional district to encourage and empower individuals and families to create their own decisions around aging in place rather than looking to institutional solutions. It's about understanding environmental risk management. The spirit of the Sunshine Coast is summarized by the following: "allow our constituents to have the right to die in their own hedge."

There is a story behind this statement. There was an elderly British resident, 87 years of age, who had Parkinson's, wore a backpack, was an avid bird watcher, and trekked around. He was found in his own hedge after four hours, which caused great consternation in the rural community. Everyone had various solutions. The resident said, if he hadn't had to walk a kilometer to the bus he would have been fine, he wouldn't have gotten tired, been unstable, would have been able to remove his backpack, and not fallen down.

He said, "You have to remember, Patricia, whatever bylaw you do, I want to die in my own hedge. The solution for me is not to institutionalize me because I have Parkinsons, fell over and couldn't get up!"

**In summary:**

Jon talked about the best use of existing stock, about cross-training, and the necessity to work at structural and institutional change. Bev spoke about the real essential need for political will.

Gary described various revisions to the livable region, talked about looking at zoning in a new way, and techniques of affordable housing and building code revisions. He also mentioned the importance of provincial leadership in supporting aging in place, the need for dissemination of information, that it is essential to inform the consumer. His key points were the need for partnerships, and the critical role that champions play.

Linda, a classic champion, stressed the need for low and moderate income solutions, described real tenant issues, and the need for social benefits.

Patricia's closing thoughts were: "necessity is the mother of invention" and "we measure the quality of our society by the way we care for the sick and the old."

## Rapporteur's Summary

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by Yuri Cvitkovich

The moderator guided the presentations on housing policy related to aging in place, from the regional to the local and finally to the municipal perspective. Panelists were asked to focus on what they are doing as far as a leadership role governments are taking to make changes in seniors' housing. The Provincial government reaffirmed its commitment to social housing and facilitating aging in place. There was consensus among presenters that a lack of federal commitment to social housing placed more of an onus on provincial and municipal governments to be innovative in creating a regulatory environment to facilitate aging in place in these times of retrenchment.

Jon Pynoos gave an overview of possible approaches for encouraging aging in place. He suggested governments must try to get the optimum use out of available housing stock by encouraging modification of homes and converting homes for accessory units (secondary suites) enabling caregivers or seniors to live in the same building while maintaining privacy and autonomy. Shared housing and clustering of services were also discussed as ways to maximize the availability of housing options in neighbourhoods so seniors could stay within their community as their housing needs changed. Several speakers echoed Dr. Pynoos in their discussion of the need to include all stakeholders in housing policy and planning, especially the need to educate the public on the variety of housing options available and the regulatory means of developing the most needed options. The recurring theme of all the presentations was the importance of nurturing the political will for social housing and aging in place.

Gary Charles asserted that aging in place was more than just an issue relating to the housing density but included issues concerning the range and scope of community services that are necessary to accommodate aging in place. The first choice of the majority of people is to remain in their own homes as they age. Their second choice is to relocate to a town center within the broader community so they can access more services and supports. He emphasized that informed consumers can have a strong impact on changing the housing market as a result of their expectations and demand of specific housing options from housing providers.

A recurring theme in the presentations was that building criteria and housing policy need to be standardized so that everyone is working on an even playing field and partnerships can be facilitated to take advantage of resources available in the community to make housing more accessible and affordable for seniors and the disabled. Special needs and non-profit groups need to be speaking the same language and using the same criteria or terminology in order to participate fully and positively in planning for the future housing needs of the community. Gary

gave examples from Manitoba where innovative policies made better use of housing stock while decreasing costs in health care and ambulance services. Building resource workers were allowed to set up within buildings and coordinate access to services through Department of Health funding programs. Home care costs were reduced substantially and more than compensated for the costs of the coordinators. False alarms for ambulances were also cut back and thus freed funding for the development of other services.

Bev Grieve went into more detail about the role of municipalities. Local governments are trying to deal with housing in an atmosphere of changing jurisdiction with responsibility for housing going from the federal to the provincial and finally to the municipal or regional governments. Municipalities do not have much funding available and so housing competes for funding with the arts, recreation and infrastructure. Municipalities are unwilling to take on the long-term financial obligations involved in providing affordable and appropriate social housing with its required services. What municipalities can do is: 1) to find funding through partnerships with developers, the province and non-profits; 2) control land use through zoning and adaptable housing bylaws; and 3) to facilitate development through various regulatory means such as density bonusing and secondary suites. Municipalities can work with the province to provide a regulatory framework to monitor developments and ensure that social housing is included as part of any development. Bev suggested that political will must be nurtured and that advocacy for aging in place and affordable housing must be an important role for municipal planning departments.

Linda Mix elaborated on the need for advocacy of tenants rights and the need for appropriate and affordable housing for seniors and special needs groups. She suggested that with gentrification many housing options are being eliminated for aging in place. Any new housing is targeted for condominiums and existing old rentals are also being converted to condominiums. Linda proposed that municipalities place a moratorium on demolition of low density housing and single-room occupancy hotels (SROs.) She suggests a bylaw requiring developers to replace demolished units with the same type of housing. Municipalities were asked to incorporate a 20% rule requiring developers to put in rental units along with condominiums and make them available to lease to non-profits.

Patricia Baldwin gave the perspective of rural regional governments. The spirit of their legislation is that people would prefer to live in their communities with some risk rather than accept institutional solutions to their housing needs as they age. The regional intent is to provide a regulatory framework that facilitates the delivery of flexible and supportive housing. They launched a permissive universal bylaw that would tackle special needs and special interests for housing. The zoning model allows any parcel over one acre to have a multiplicity of occupancy

profiles and even half acre lots can have up to eight persons per acre. Regional staff are instructed to look at all sites with a proviso that they will sustain responsible development and criteria that recognize community needs.

Provincial crown lands were asked for to be made available for social housing use. Approximately 30 acres were selected and freed because the region attached the same priority and criteria to social housing relative to its impact on public safety and public health as the province has shown in its extreme willingness to free land for cemeteries. The contractual arrangement for this land is that the regional government will hold a head lease with the intent to pass housing to non-profits for a nominal fee (\$1.00) as long as developments fulfill all the social housing and services criteria. It is in the region's best interest to empower individuals, families and non-profits to create their own solutions and make their own decisions for housing options and aging in place.

***Comments From Audience:***

- It was suggested that municipalities get rid of biases and stigmas attached to housing for seniors and the disabled and rather to focus on promoting universal access that has benefits for all housing consumers. By selling the concept of working for better housing for everybody and not just specific market forces there is a greater chance to nurture political will because of the greater constituency that can benefit. The audience stated that affordable housing was not just a problem for poor people but also those with medium incomes. One person stated a desire to downsize but was not able to find affordable single family dwellings because developers are focusing on high density housing. Gary Charles acknowledged this problem and stated that the GVRD is targeting new housing to be 40% ground oriented so developers are concentrating on vertical options. It was agreed there were limited options in the area for buying down. Some complained that Fire Marshals were pressuring people in wheelchairs to move from third storey condos. It was suggested that people had the right to live at risk in housing they own. They should not be forced to go to nursing homes if they choose to live at risk.
- It was suggested that increases in land value should accrue to the city not the developers and that density bonusing does not necessarily safeguard existing stock.
- It was asked why zoning seemed to be an obstacle to providing the housing options for aging in place. Conflicting values for land use and lack of political will were mentioned as reasons for difficulty with zoning approvals. The NIMBY (not in my back yard) attitude is quite prevalent because constituents lack the information concerning the benefits of secondary suites and the consequences of other alternatives to preserve or change the look of the neighborhoods.

- Someone suggested that municipalities give non-profits money rather than developers because they could leverage the money with more benefits and more units than the developers would. The provincial spokesperson stated that they prefer dealing with local non-profits rather than developers but few come to government with viable proposals.
- Since the true experts are those with special needs, it was queried if all planning departments were universally accessible to those with special needs so they could contribute to the planning process.

There was consensus that much could still be done to make better use of existing housing stock but biases in the community, lack of political will and lack of knowledge about appropriate housing options have made it difficult to make much progress in changing what developers offer in new housing developments. Municipalities do not have the funding to provide housing and are limited to establishing regulatory environments that could entice developers to offer housing options that meet the needs of the municipality as well as providing safe, affordable and appropriate housing for seniors and those with special needs. Universal adaptable designs and secondary suites were suggested as the most promising approaches that could facilitate aging in place. Housing must be supported by convenient accessible services and supports in each neighbourhood.

# Chapter 8

## HOUSING DESIGN ISSUES FOR OLDER POPULATIONS

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### Introduction

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by Stanley Paulus

This session was a walk-through of the challenges for seniors housing, looking at policy, planning and design of housing that fit the needs of the aging population.

The first presentation was by Don Hazleden, MAIBC. He presented a general overview by CMHC of the current seniors housing situation in Canada, needs, policies, and strategies, the size and urgency of the problem due to the bulging population of seniors in the country. Don highlighted Flex Housing as the Beta version of change to accommodate a variety of needs including seniors. Use of space, adaptable room size, and vertical access were some of the highlights in Don's presentation.

The second panelist was Bob Nicklin - General Manager of Affordable Housing Societies. Bob's presentation highlighted shortfalls and deficiencies in providing housing for the aged. He stressed the need for non-profit rental apartments where tenants are charged 25-30% of their income for rent. Bob also discussed design issues to be taken into consideration such as electric scooter parking, flexible kitchen counters, and flexible bathrooms.

Katherine Taylor's presentation moved the discussion forward to design and living conditions in Long Term Care Facilities. She emphasized design issues that affect seniors and their behavior such as inadequate lighting and glare, window design, intimacy of space and detailing, changes of a care facility into a home-like environment, and means of integrating care facilities into their surrounding communities.

Gillian Eades Telford explained the determinants of successful aging and the influence of the constructed environment on aging. She then went on to discuss the effect a combination of universal design principals and community care would have in enabling elders to age in place. Finally, Gillian showed some examples of influence of various aspects of design on successful aging in place.

Bev Nielsen's presentation was a case study of Norgate House, a 36 unit, affordable, rental housing project for seniors and individuals with mobility, hearing, and visual limitations. It can accommodate persons with degenerative

diseases that might otherwise be institutionalized. Bev stressed the importance of accessibility and adaptability in housing, discussed building code requirements, and maximum flexibility in design.

The five presentations were followed by open discussion. The main areas of discussion revolved around the following issues:

- The effect of the Community Supportive Housing approach on delivering affordable housing for the aged.
- Universal design, and its long term effect on housing
- Levels of adaptability and accessibility in Universally designed housing projects
- Promoting flex housing for various users.

### **Moderator: Stanley Paulus**

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Stanley Paulus is a registered architect in BC and Principal of the firm Stanley Paulus Architect, which specializes in planning and design of seniors' communities, housing, and institutional buildings. He received a Bachelor of Architecture in 1978 and a Master of Architecture/Housing degree in 1982, and has almost 20 years of experience in Planning and Architecture. In 1996 he organized and moderated the second Roundtable Meeting on Aging In Place at the Architectural Institute of BC, which was a think-tank to promote aging in place through multi-disciplinary and multi-level planning and design development.

### **Panelists**

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**Bev Nielsen** - is the Principal of Nielsen Design. She has been designing housing for disabled and able-bodied persons since the early 1980's. As a principal of Nielsen Architect with husband Garry Nielsen, the firm practiced in the field of multifamily social housing. In 1993, Bev worked in association with Bernard Perreton to design William Rudd House, a 12 bed community based care residence in New Westminster, funded by the Ministry of Health and the Greater Vancouver Hospital District. Recently, Bev has been working on the development of Norgate House, a seniors' and disabled persons' supportive housing project in North Vancouver, which received the CMHC Flexhousing award for BC and the Yukon in 1996.

**Don Hazleden** - is a registered architect in BC, since 1983. He graduated with a Bachelor of Environmental Studies in Architecture from the University of Waterloo in 1977, and a Bachelor of Architecture from the University of British Columbia in 1981. As program manager at CMHC since 1984, he has been responsible for over 4,500 units of housing in over 200 projects. He managed the delivery of research and technology transfer programs at CMHC for the housing industry in BC and the delivery of the CMHC Flexhousing program in BC and the Yukon. Among other affiliations, he was also the chairman of the Architectural Institute of BC (AIBC) Professional Development Committee and the past co-chair of the AIBC Housing Committee.

**Katherine Taylor** - is the principal of Options Consulting, a project planning and development consulting firm specializing in research, planning, and development of housing, health care, and support options for those who are disabled, ill or aging. Her work includes research, design review, capital and operational planning, project development and management, and functional programming. She is co-chair of the City of Vancouver Disability Issues Advisory Committee, on the Board of Directors of St. George's Place Society, a non-profit, wheelchair accessible housing project, and recently served on an advisory committee for the City of Vancouver's "Adaptable and Usable Dwellings Project".

**Gillian Eades Telford** - is a private consultant helping individuals and families access the present health system, and has 25 years' experience in the field of gerontology. She has two recent post graduate degrees, one in Long Term Care Administration specializing in health reform, and the other a Master of Environmental Studies specializing in gerontology. In 1996, she helped establish Elder Health in White Rock, a three tiered program aimed at keeping seniors out of hospital. Previously she consulted in Ottawa with Extendicare, the largest private health care company in Canada. Among other books, she recently authored "Environmental Strategies for Safe Aging-In-Place."

**Bob Nicklin** - is General Manager of Affordable Housing Societies. He has been in his current position for five years. Affordable Housing owns and manages 30 residential rental projects totaling 1,765 units, including eight projects (593 units) that provide housing for seniors. Before joining Affordable Housing, Bob worked for CMHC for 17 years, where his last position was as Provincial Director for Saskatchewan. He is a member of the Provincial Housing Minister's Advisory Council on Affordable Housing, and a founding director and past President of the BC Non-Profit Housing Association, which represents about 200 housing societies across BC.



## Panel Presentations

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**BEV NIELSEN**

### **Perspective**

There is a great need for housing which is accessible and adaptable by people with varying abilities as well as seniors. Architects, designers, and developers must make it a priority to apply today's knowledge of flexible housing to a variety of housing types. Norgate House, a rental housing project which is designed for seniors and persons with deteriorating physical illness, has been a long and difficult development process. It will only meet a fraction of the need. But every day, housing is being designed and built which will not meet the needs of our aging population. This can be changed.

### **Norgate House Mission Statement:**

To provide housing for seniors 'aging in place' and to encourage independence.  
To improve the quality of life for disabled persons by eliminating the institutional setting.

### **Project Description**

Norgate House is a 36 unit, affordable, rental housing project for seniors and disabled persons, in which all units are designed to be adaptable and barrier-free.

The project is a non-profit development to be rented at cost to seniors and individuals with mobility, hearing and visual limitations. It can also accommodate those with degenerative diseases such as multiple sclerosis, who might otherwise be institutionalized. This supportive housing model will encourage a sense of community by providing shared meals and activities which give the residents the opportunity to socialize. Equally, it will maintain the resident's privacy and instill a sense of independence.

The project will provide 'shared care' through the provincial Continuing Care program to allow qualified tenants to pool their home care hours, thus providing 24-hour care.

Norgate House has been developed through CMHC Project Development Funding from the Public/Private Partnership Program. The land will be leased under favourable terms from the District of North Vancouver. BCHMC has recently offered to provide subsidy for the residents of ten disabled units. We have recently attained charitable status and are seeking additional funding to upgrade adaptable features.

### **Design**

The design of Norgate House has made me aware of some basic principles of design for people aging in place which can be incorporated in any housing

project without great cost. The planning of an accessible and adaptable unit is the most important. Adaptive features can be added, but if the plan does not allow for accessibility the adaptive features become less effective.

### **Unit layouts**

All units provide ample maneuvering space in the entry, kitchen, bedroom, closet and bathroom. The concept of the unit plan is to eliminate corridors. The majority of the units have a direct line relationship between bedroom, closet and bathroom providing easy accessibility and maneuverability, while allowing for convenient installation of a ceiling track lift system for the severely disabled. Bedrooms have direct access to living rooms and in some units, a sliding bedroom wall allows more social contact between a bed-ridden person and others in adjacent living areas.

### **Comments on Flexhousing Features**

Many of the following Flexhousing features have been included:

- Automatic opener on main entrance doors
- Wider corridors with handrails
- Wider doorways for wheelchair accessibility
- Light switches (lower) and plugs (higher) at accessible heights
- Rocker type/3-way switches
- Reinforced bathroom walls for installation of grab bars
- Water temperature regulation to prevent scalding
- Lever faucet and door handles
- Some units will have wheel-in showers
- Adjustable shower heads
- Adjustable height kitchen cabinets and vanities
- Curbs on walkways to prevent wheelchairs from going off walkway
- Strobe lighting for alarm systems for residents who are hearing impaired

Adjustable kitchen cabinets and counters enable all units to accommodate the needs of both the disabled and the non-disabled. This flexible feature is very important in a non profit rental project, so that units adapt to market demand.

In Norgate House, we will be providing for future technological aids by roughing in the wiring only. The residents will then be able to provide for their future equipment needs.

### **Disguising Adaptability**

The approach is to design a unit to function for a mobility impaired person but appear to be a standard unit. People do not want to be reminded that they are getting older or that their abilities are increasingly limited. It takes insight to accept that these features may one day be a blessing. Designing a bathroom to meet the code for wheelchair accessibility increases the floor space and therefore,

the cost. Many bathroom layouts in Norgate House are standard sized and still provide the resident with the ability to transfer to a toilet or bath tub. The turning radius is accomplished by the removal of the base vanity cabinet. This is an economical solution which can be used in market housing and the buyer will not feel that the bathroom is designed for a person in a wheelchair.

Norgate House has almost level grade entry, eliminating the need for ramps with handrails. There is backing in the wall area around tubs and toilets for grab bars. Grab bars will be put in by residents as need dictates.

### Summary

Norgate House will provide affordable accommodation where people may live as their health needs change, reducing the burden on the health care system. While savings can be realized by delaying or eliminating the need for institutionalization, the added benefits to those affected include the ability to stay in a supportive community and the positive effects on self-esteem, both indicators of health and well-being.

Seniors have a variety of housing needs. Norgate House is a project which addresses the supportive housing needs of the senior. Not all seniors want to live in this type of housing. Many don't want to leave their neighbourhood, their friends and family. When one becomes disabled, the thought of moving is devastating and just adds to the stress of the illness. The challenge to the developers, architects, and designers is to become knowledgeable about accessible and adaptable housing and to make the application of these concepts a priority in all housing design. It is just GOOD DESIGN.

## DON HAZLEDEN

CMHC (Canada Mortgage and Housing Corporation,) the federal housing agency, has been looking at the problem of housing stock appropriateness and the concern about the stock's inability to meet current and future needs.

The very wealthy will always be able to renovate or purchase housing adapted to their needs. However for the balance of the population we need to develop renovation methodologies and new housing design strategies which will result in our preparing a large percentage of the stock for future needs now. It is well recognized that the marketplace does not accept the purchase of purpose built fully accessible housing. The need and demand is there for housing which will easily adapt to and accommodate people's changing needs over time.

From the research point of view the need then is to develop design strategies for homes that are adaptable. CMHC has attacked this problem on several fronts. Market studies have been conducted to find out what adaptations or changes people want or place high value on (e.g. Hickling Report.) Design studies have been conducted to determine what changes in housing best make these things possible (reference Flex Housing design guide and costing guide) and finally demonstration projects have been encouraged to experiment with these ideas in real projects (reference User Friendly House and Flex Competition.)

The key element in the mix is the builder. Since most homes in Canada are built on a speculative basis at least until the permits are taken out, if the builder understands the market place better, he or she has the chance to up-sell the additional benefit of making housing Flex housing. To do this, the research and design community needs to show the builders what is possible and desirable. Once the concept is widely understood it will be seen that no house should be built without incorporating most of the flexible features. Our goal is to make the Flex house the norm for new housing and major renovations within ten years.

## KATHERINE TAYLOR

In terms of planning housing for aging, I don't believe that the discussion is complete without including care facilities. In Canada, overall only 8% of those aged 65 and over live in residential care facilities. However, the proportion increases with age; it is 37% of those aged 85+. The number of seniors who will require residential care will continue to increase. The population is not only aging, but people are also living longer. This means that more facilities, of some type, will be needed.

In terms of "aging in place," while living independently in one's home is generally regarded as the optimal solution, in many cases this becomes increasingly difficult, and even dangerous. With aging, our physical strength and abilities inevitably diminish, and in some cases, mental deterioration further compromises our capabilities. Aging often requires increasing degrees of support and supervision. With increased life expectancy, this requirement increases further.

While community resources are increasing, with home care nursing, homemaker support, and geriatric day care programs, there still comes a point in the lives of many aging adults when the available resources are simply not sufficient to provide safe and adequate support, so that the person can remain in their home. When a person reaches this point, the issue becomes, "how can the housing, support and care needs be met?"

Aging in one's own home becomes the privilege of those few with the significant resources to fund private care. For others, living with family members is a solution, but for many families, caring at home for an aging family member is not feasible.

For many, moving into a care facility is the only viable solution to their combined housing and care needs. However, as "aging in place" increasingly becomes the current ideal, care facilities are dismissed as inappropriate, and the problem of meeting the need for increasing levels of care and support has not been addressed.

I think that it is critical that we recognize that care facilities are part of the spectrum of housing alternatives for those who are aging, particularly for those who need higher levels of support and care. Instead of dismissing care facilities as institutions, we must recognize them as a form of housing and acknowledge them as part of the fabric of the community.

The real challenge is: how do we make care facilities more like "home"?

The first step is through design. There has been a steady evolution in the design and operation of geriatric care facilities. There is a consistent trend toward smaller, warmer (perceptually,) and more appropriate environments. Care facilities are still institutions, but research and planning are contributing to designs that facilitate operational efficiency, greater safety and security, and a more appropriate and welcoming physical environment.

Overall, the design goal should be to evaluate every design decision from the perspective of elderly residents and their specific physical, functional, and psychological requirements. A secondary goal should be the requirements of the staff who are working to support the residents.

There are specific design elements that can be incorporated into any environment to make it more appropriate. For example:

### **Environmental Legibility**

This refers to how easily one is able to create an accurate cognitive map of a setting. Anyone who has tried to find their car in a parkade has some familiarity with this concept. Creating an environment that is legible means creating an environment in which wayfinding is easy.

This, in turn, means that the environment supports a sense of competence. The resident is able to find their way independently from one place, such as his or her bedroom, to another place, such as the dining room. Conversely, failure to create legible designs contributes to environmental incompetence, and residents may feel confused, lost and frustrated by their inability to find their way to a desired destination.

Differentiation and definition are two key concepts. Many designs are symmetrical, or repetitive, with each wing and each floor the same. This should be modified to incorporate design elements that will differentiate one wing or one floor from another.

While varying the actual design is ideal, there are other strategies for creating differentiation, such as a painting that can serve as a landmark, or through use of colours and textures, for example, carpeting that ends once one reaches the dining room.

Definition of spaces is also important. The design should communicate what a specific space is used for, and where that area begins and ends. Definition can often be achieved using cues. Furnishings and decorations can be used as cues - for example, a china cabinet reinforces a traditional image of a dining room and provides a cue that this is where to come for meals.

A commonly used cue is "memory boxes." These are display cases built into the wall at the entrance to each resident's room to display mementos and possessions that the resident may be able to recognize as familiar. These memory boxes are intended to assist residents to find their rooms, and they also serve as sources of stimulation for residents as they wander along the hall.

Another key, and often forgotten, element of wayfinding is orientation. In creating cognitive maps, we all tend to map the setting in right angles and this generally works because right angles are a common feature of the built environment at all levels. I once visited a care facility which had no right angles. It was also symmetrical and repetitious, but the principal problem was that it had no right angles. This facility was also designed to accommodate seniors with visual impairments, whose environmental competence is entirely dependent on their ability to create a cognitive map of the setting.

In this setting, I met a couple who, having lived there for several years, had no idea what I was talking about when I asked them if they ever used the door behind them to go out into the garden. And when I guided them to the door, they were completely disoriented and unable to find their way back without assistance to where they had been sitting. In this case, the design clearly compromised the visually impaired residents' environmental competence.

### **Illumination**

Lighting, in all forms, is an important and often overlooked design element.

Deterioration of visual capacities is a universal effect of aging, and perception of light changes significantly over the life span. As we age, we require increased levels of illumination. However, we also become more sensitive to variations in lighting and less able to adjust to contrast and glare.

Any type of lighting that creates areas of light and dark is inappropriate. Lighting that creates an even level of illumination without shadows is highly desirable, such as indirect lighting, or up-lighting.

Glare is also a significant problem, which can be alleviated by up-lighting. The reflection of light off a floor or a table can contribute to environmental misperceptions. Many of you have probably seen a person walking down a corridor and walking around what they perceive to be a puddle on the floor.

Reflections are another potentially very distressing effect of lighting. When a glass surface such as a window is illuminated on only one side, those with cognitive impairments will often mistake their reflection for a person looking at them. This can be very disturbing and upsetting for residents. While this problem is relatively common, it is also a problem that is relatively easy to rectify.

## Flooring

Flooring is often a design issue. As already noted, some resilient sheet flooring creates a highly reflective surface which causes problems with visual perception, particularly glare.

Floors may also be too slippery and present a safety hazard. This concern is being recognized and floors now are being installed that are non-slip, or that have a non-slip finish. However, this can also lead to problems.

In one setting, a non-slip floor was installed and is so effective that residents, walking with the shuffling gait that is common among the elderly, kept tripping. Residents in that setting now wear socks only.

But the worst example, which I have seen in several settings, is an exposed aggregate floor, which is a concrete floor with a rough pebbled finish. Imagine trying to push your wheelchair across a rough surface that jarred your aching joints. Or pushing a walker across the floor - the geriatric equivalent of mountain biking. In my opinion, it is a completely inappropriate floor finish for any setting designed to accommodate people who may have some mobility limitations.

## Conclusion

I have just described a few relatively minor design elements which can contribute to creating a better environment, and which are an important first step.

However, I believe that a second step is required to make care facilities an appropriate housing option. I believe that a radical shift is required, analogous to the shift in service delivery to individuals with disabilities during the 1970's and '80's. At that time, a strong deinstitutionalization movement created alternatives to institutional care and the concept of group homes emerged as a viable alternative. It is easy to recognize this option as more like "home." It is less easy to demonstrate that it is economically viable, and that it can meet the required standards of safety and care.

My vision is to translate the concept of group homes more widely to the geriatric population.

I believe that the significant work of the disability community has created a foundation both in providing a conceptual framework around community integration, and in demonstrating economic models for providing housing and care to small groups of individuals who require supported living due to both physical and cognitive disabilities.

This trend is already happening. The Abbeyfield concept, which was established in England, is now being developed in Canada. However, the Abbeyfield model provides for groups of, on average, 10, and does not have the capacity to house those with significant physical or mental impairments.



In Pennsylvania, a facility was designed specifically to accommodate those with Alzheimer's, and it provides three separate houses, each of which accommodates 12 individuals. Each house is designed to be as residential as possible, but for that project, it was necessary to group three houses with a common building in order to achieve an operationally viable model. This model has been replicated in Edmonton, Alberta.

I would like to see the concept move further, and evolve to parallel group homes, where four to six people live together with 24 hour staffing, and there are various options for providing medical care.

In conclusion, I think we need to work both on the details, such as identifying appropriate design features, and on the big picture, articulating a new vision of a "care facility" that is home and is part of the community. By working at both levels, we can continue to move toward care facilities that are better in both design and operation.

## GILLIAN EADES TELFORD

Gerontology is a very exciting field of study, especially as we plan for the 21st century when there will be more elders proportionate to the total population. We have time to plan and we need to start innovative planning now.

*"I find the great thing in this world is not so much where we start as in what direction we are moving"* - Oliver Wendal Homes

There are three things that I would like to emphasize: heterogeneity of elders, common use of universal design, and client-centeredness. One of the principles of gerontology is heterogeneity. People are different and they want different things. Heterogeneity means elders are socially, politically and economically diverse. They have a dynamic range of functional, sensory and cognitive status. They have different desires and expectations resulting from different cultural backgrounds and life experiences. However, they do have some things in common. The need of all elders and of all people is shelter from the elements; opportunities for self expression and social interaction; privacy; safety and security; and easy access to a wide range of services.

What does this mean in terms of this conference? It means that we must plan for an aging society and that we must provide alternatives. Aging in place is one alternative that means providing a variety of accommodation (housing options) to suit diverse and varied needs. It means using universal design to reduce adverse effects of physical disability as well as compensate for functional limitation.

**"Elders and aging: A holistic model: The determinants of successful aging"** is a framework that illustrates how as professionals we must consider a broad range of factors in order to provide sustainable, acceptable solutions to aging in place. The model is multi-dimensional, emphasizing the non-medical factors in aging so that we can better understand the bio-socio-environmental determinants of successful aging. To be able to age in place it helps if we are healthy. The model is dynamic to reflect the fluctuations in size and importance of the various components over life course.

In this paper I will talk only briefly about the spheres of influence. Starting at the center of the model is the Individual, the "self" system or intra-psychic factors. The individual consists of Body, Mind and Spirit. The Body is physical health; physical health influences how we live.

In an older population aged 85+, (my area of interest,) a number of body functions can decrease. The decrease is due usually to disease processes so is not universal across the population. Let me give you one example. It is not too uncommon that as we age we cannot see as well. I wear glasses now but did not need them until I went back to university in the 1990's. Usually due to disease

processes, "we can experience lack of visual acuity or sharpness, lack of focus or blurring, figure-ground confusion, loss of color intensity or contrast sensitivity. We have a slower ability to accommodate or adapt to light changes" (Charness and Bosman, 1992.) According to Statistics Canada, 23.5% of seniors at home have a limited ability to read ordinary newsprint or to see someone from four meters even when wearing glasses (Statistics Canada, 1989.) Seven eighths of our perceptions are through sight (Wurtman 1968.) Older eyes need three times the light than younger eyes to achieve visual acuity (MCSS 1991.)

This means if we are to aid people to age in place, that lighting is important. We need to have an adequate amount of light. We need to contrast color and to cue people to stairs and level changes by light or texture changes. Fixtures that have two lights are safer than one because if one burns out we are not changing it in the dark. Also lights should be within easy reach because elders have a potential for falling if they are teetering on a ladder to change a light bulb.

The object of universal design is to enable elders to read their surroundings. Design can reduce the adverse effects of physical impairment as well as compensate for functional limitation. Design can increase individual efficiency, productivity and enhance comfort by reducing accidents, injuries and illness (Funk, et al. 1992.)

Mind refers to intellectual growth ability and memory. Mind helps us cope and accommodate to our surroundings. Some elders experience loss of short term memory which can contribute to the difficulty some elders have in knowing where they are, where they were, where they want to go or how to get there. This means there should be redundant cueing that sends messages in more than one way. For example, use different colors on different doors and use hallway runners as directional cues. Loss of short-term memory may lead to a decrease in an individual's rate of ability to learn but not in their ability to learn. Research shows that elders have an aversion to high tech products (Zimmer and Chappell, 1993) but if they are simple and user-friendly we may overcome that fear of learning something new (Wishere, et al. 1987.)

Spirit refers to the intangibles in life. It includes will, self-esteem and feelings of peace and joy. In housing, this relates to feeling safe and secure. Being able to see visitors from inside your locked dwelling gives one a feeling of being secure. When designing peep holes for dwelling doors it is impossible to accommodate all users as their height varies, therefore a glass panel beside a doorway should accommodate all ages better. Being able to lock doors makes us feel safe. Locking and unlocking entry doors should take into consideration that keys must be turned which is difficult for someone with arthritis in their wrist so card entry or a push button combination works better for people who have little or no ability to grasp.

The individual is central to all planning. We must consult the client to determine what they think is important. We plan with individuals, not for them. Elders are a heterogeneous population. They all have different motivations and make varied choices. They are individualistic and each has different potential.

Surrounding the individual in the model is the Family. This is the first of the extra-psychic factors and the place in the model shows how important is this sphere of influence. Family members are the chief source of emotional and practical support. In this context, family does not necessarily mean blood relations; it could be friends. One of the highest risk groups for institutionalization or not being able to age in place are those who have no family support. Therefore, providing group living arrangements such as granny flats, supportive housing or Abbeyfield houses are good, viable alternatives for aging in place that meet the needs of potentially isolated elders.

Personal behavior includes actions that are beneficial or detrimental to health. If we exercise and eat well, that is good for health. If we smoke that is detrimental personal behavior. In housing, how efficient, accessible, safe, convenient and functional the kitchen is, influences how much time we spend in meal preparation to provide healthy nutrition. Is the kitchen built of materials that reduce or eliminate maintenance? Two examples are no wax floors and self-clean ovens. Are we using energy-saving materials and devices? A hot water dispenser at the sink reduces burns and injuries and simplifies snack preparation. Cook stoves should have front or side control panels for the safety of not having to reach over the hot elements to turn on the controls.

Human Biology/Genetics means if your parents lived a long time so probably will you. Women live longer than men. This means that to plan for aging in place we are accommodating women, who are shorter than men and therefore design should reflect this. Though women live longer than men they have more chronic conditions, one of the most common being arthritis. This means that turning handles can be difficult. Therefore, lever handled door openers rather than round knobs are easier to use.

The Psycho-socioeconomic environment explains the heterogeneity of elders. The rich live longer and healthier lives than the poor (Hardy and Satterthwaite, 1990.) Money determines where you will live - in a safe clean neighborhood, in adequate housing, what schools you will attend, what skills you will acquire, what jobs you qualify for and what access you have to health resources, as well as how you access and use information. The wealthy can afford to age in place. They can hire the live-in help needed. What we are discussing here is how to plan for all people to have the opportunity to age in place. It means providing alternatives to housing and building with universal design.

Physical indoor environment refers to the physical structural context in which people live. Environment becomes more important as we age (Lawton M.P., 1977.) Physical environment can be planned and managed, therefore is a tremendous resource for promoting competence. The principles of universal design include affordability, accessibility, aesthetics and adaptability. Barriers built into houses are a menace to us all. Flush threshold doorways, for instance, can be provided for wheelchairs but are also convenient for a mother pushing a stroller. Our built environment ought to age gracefully along with us all to meet our changing needs. Universal design has fixed accessible features combined with adjustable features including widened doorways and hallways and light switches and electrical outlets mounted at easy heights to reach. My book "Environmental strategies for safe aging in place" details many of the practical features and considerations for planners.

Work, Lifestyle, and the Sick Care System are connected, yet revolving around the four previous spheres of influence. Past work experience impacts on elder's physical and mental health.

Work also provides meaning in people's lives and confers social and economic status which means the kind of dwelling we can afford is influenced by the kind of work we did. "House work" still remains a woman's domain and as more women are in the work force it is important that materials are used that eliminate or reduce home maintenance, e.g. no wax floors. Quality of building materials follows the recognition that quality does not cost, it pays. It only costs 10-11% more to build universal design, but it costs considerably more to retrofit an older non-accessible dwelling.

Lifestyle relates to a routine or pattern of behavior, e.g. sleeping or eating. It involves choices that are circumscribed by social, economic and cultural environments. Personal choice in adaptable housing design is highly influenced by what we are used to. This emphasizes the point that clients must be asked and consulted on any design. No single type of dwelling is suitable for all.

The Sick care system includes all health care services and delivery systems. The traditional medical model focuses on illness rather than promotion of health, although medicine has prolonged our live span by eliminating many communicable diseases. Population health is not always the outcome of medical intervention. For instance, cleaning up the water supply has eliminated many life-threatening illnesses. Universal design augments the sick care system because it reduces the necessity for people to enter institutions. Aging in place means accessing the sick care system through community care. In the majority of cases this is enough to sustain living in the community especially if there is supportive housing as well.

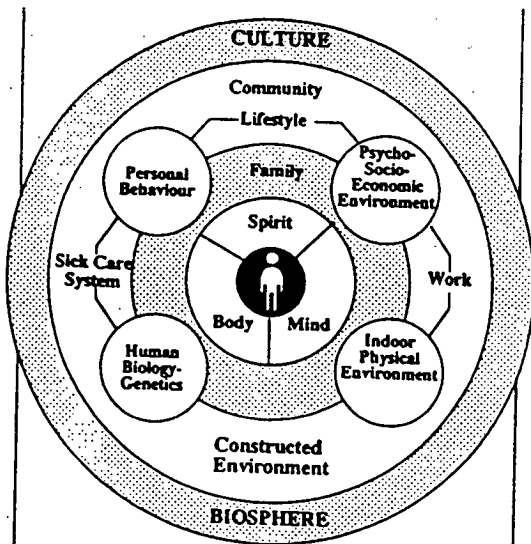
Community refers to a collection of individuals within a common space where standards and values are established which influence our behavior and attitudes. A community provides group networks that can buffer an individual throughout life. Aging in place can mean aging within your community, your district, geographical neighborhood, area, city or country rather than dwelling. Multi-level facilities are becoming more common, based on the assumption that people do not need to be transferred about from one facility to another. Facilities could also be considered communities, so we need to describe our terms when planning. Australia and Sweden both believe in aging in place and have some innovative housing alternatives. Sweden has the bigger high rise complexes with brought-in caregivers or others with caregivers living on site. Australia has granny flats built and ready to assemble on the family property.

The Constructed Environment represents the physical engineering side in all living conditions and describes the human-made structures both physical and social, e.g. roads, sidewalks, agriculture, energy systems, laws and public policy. Public policy needs to re-examine the barriers that exist now which prevent aging in place. Municipal by-laws prohibit multi-level dwellings in some neighborhoods through restrictive zoning. By-laws could enhance aging in place if they mandated universal design in building codes.

Culture encompasses common attitudes, ethics, values and beliefs and guides our understanding of knowing and doing. Culture shapes our belief in the value of elders. Policies are built on values in communities and ageism or negativity toward elders is prevalent today. My hope is that as the baby boomers age (this year the leading edge baby boomers are turning 50,) this attitude will change because they will carry so much political and economic clout. Different cultural values are very prevalent in a city such as Vancouver, and design of dwellings to reflect ethnic wishes is inevitable if we are planning with our clients.

Biosphere is the fragile shell of this planet that contains animal and plant life. A stable ecosystem is a prerequisite for successful aging and hence aging in place. Studies prove that a view of the outdoors speeds recovery from surgery (Sliatt, 1982). Elders are happier when they have natural vegetation to look at. Hence planning green space is imperative for aging in place. The influence of biosphere and culture extends to the very core of body, mind and spirit.

In conclusion, the **"Elders and aging: A holistic model: Determinants of successful aging"** provides a visual way to understand the interactive nature of the complex web of determinants that affect successful aging. The holistic model is a truly comprehensive view that explains the heterogeneity of elders. It accommodates dynamic fluctuation because environmental phenomenon impinge both positively and negatively on the individual aging experience. The model shows that solutions to elders aging in place should be examined from a



Elders and Aging  
 A Holistic Model  
 Determinants of Successful Aging  
 An adaptation from Hancock and Perkins "Mandala of Health: A Model of the Human Ecosystem" (1985), Family and Community Health, 8(3): 1-10

multi-disciplinary perspective to be successful. We must remember all clients are individuals who have a body, mind and spirit. They are individualistic. Universal design will accommodate all age ranges and aid aging in place.

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## BOB NICKLIN

As has been noted Affordable Housing is a non-profit society that owns and manages 30 projects in the Lower Mainland, and we have two more under construction. All of the projects in our portfolio, except for the Europe Hotel in Gastown, consist of self-contained housing. The perspective I am bringing then, to this panel is as the developer and operator of self-contained non-profit housing.

Most of our seniors units are one-bedroom apartments around 550 square feet in size. They have a fridge and stove and balcony or patio, but none of the other features you might see in market housing, such as dishwashers, fireplaces, and ensuite washers and dryers. All of the projects have an amenity room that is available for the use of the residents, and a common laundry area.

Our projects are located in Vancouver, North Vancouver, Burnaby and Ladner but there are a couple hundred more seniors projects operated by other housing societies and which are scattered throughout the Province. These projects are funded under several generations of Federal and Provincial government housing programs. In the earlier generations, the seniors units were often bachelor suites and the rents charged were sufficient to allow the projects to operate on a break-even basis. Over the course of time these rents have become very affordable though some of the projects are showing signs of their age, which in some cases is over 30 years old. Projects developed from the late 1970's and onward are usually one-bedroom units with a few slightly larger one bedroom units for seniors with mobility problems. Residents in these projects usually pay rent based on their income, either 25% or 30% of their income.

Overall, I think we can be proud of these projects in terms of design and meeting a very important housing need. The major criticism I would have is that we are not supplying enough of the housing to meet the growing need, but that is a topic for another workshop.

In terms of design, the area to focus on for improvement is how to better accommodate aging in place. Quite a bit is being done now to address diminished mobility and vision or hearing problems but more could be done as standard practice which would not cost much money in the construction stage. Three examples that come to mind are:

- entrance doors that can be opened mechanically
- grab-bars in bathrooms, and
- storage areas for scooters

Our older seniors sometimes have difficulty opening entrance doors that are larger and heavier than the standard doors used in houses. After projects have opened, in some cases we have had to install mechanical devices to allow some of



the weaker seniors to open the door using a hand held opener. Bathrooms are generally designed so that grab-bars can be installed at some later date. Usually the bars are not installed during construction because of cost concerns or the concern about an institutional appearance. However, we have never had a senior moving into one of our projects complain about the presence of grab bars where we have installed them, and we frequently get requests to install grab bars when we do not have them. Mechanical scooters are becoming popular with seniors who do not use a wheelchair or walker but find easier to get around with a scooter with than by walking. The problem with scooters is they take up quit a bit of storage space if they are kept in the suite. They need an electrical source to recharge the batteries. They damage the hallway walls and corners. Nonetheless they are becoming a common item, even for low-income seniors, who may receive them as a gift from their children. The scooters need to be accommodated. Other suggestions from seniors are that some would appreciate slightly lower kitchen cupboards and that front controls on the stove would be more convenient.

Another item, which particularly concerns frail seniors but is also of concern to Lower Mainland residents in general, is the need to provide better building security. Diminished physical strength makes some seniors more susceptible to physical attack. Failing memory means that some forget to take precautionary measures. There are many things that can be done to enhance building security and most of these are well known so I am not going to describe them. Nonetheless, many of these things are not done and should be in all projects in the Lower Mainland, and particularly in seniors projects.

Well-designed and located common areas can enhance security and encourage more interaction between the seniors. The increased interaction can also improve seniors' sense of well being. As our residents age, some go out less often and most of their social interaction takes place within the housing project. Some do not have family nearby and can become quite isolated from others. Greater interaction generally improves people's outlook and enhances security. In some projects the amenity room seems to be left over space located on the ground floor. More visible and open space that is well furnished would likely be better used. An active tenants' association and a good resident manager can also do a lot to encourage tenant interaction.

A couple of our projects have space set aside for seniors to grow their own flowers or vegetables. This space is always well used and, if you have land available for it, some seniors get a great deal of enjoyment out of gardening.

In terms of project location, the seniors preferences are fairly obvious - close to shopping, particularly grocery stores, public transportation, medical services, and,

for some, churches. At the same time, they would prefer not to be on a busy street and to have green space nearby. Avoid hills, particularly steep hills.

Most of our senior's projects provide parking for only 25% of the residents and we have found that to be adequate. In the more suburban locations a bit more may be required but in the urban areas 25% is more than enough. Our residents are low income so if you are targeting a project to higher income seniors, their needs may be different.

In one of our projects we mixed family housing with seniors housing. They live in separate buildings but on the same site. Our thought was that seniors would enjoy watching children play and the children would benefit from all the "grandparents." While the project works reasonably well, we sometimes get complaints from the seniors about the noise from the children. On the other hand we never get complaints from the seniors who live in projects where there are no children. In retrospect, we would not mix seniors with families in a project again if there were other ways to provide the housing.

One final comment relates not only to the design of senior's projects but it is a problem that can affect seniors more than other residents. In the Lower Mainland, as most of you know, we have had quite a few problems with rainwater entering buildings. Not only is this expensive for the owners to correct, it is also very disruptive to the residents when scaffolding and tarps are put around the building and workers are continually coming and going. Since seniors spend more time in their homes than people who are not retired it can be very disruptive to their lives. My suggestion is to build simple buildings that are very liveable, easy to maintain, and do not leak!

## Rapporteur's Summary

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by Eileen Albang

A major obstacle to aging in place is that there is simply not enough appropriately designed housing to accommodate our ever-growing aging population. In light of this, a discussion about what constitutes appropriate housing design for older populations may initially call into question the physical features of the typical dwelling. This is indeed an important consideration, as it is the physical design of a unit that may have the most immediate impact on a senior's ability to successfully age in place. It is often as a consequence of unsupportive physical design that elders are forced to move into care facilities, whether as the result of an injury sustained in a dwelling with unsafe features, or because poor accessibility in a unit hinders continued ability to adequately take care of daily living requirements.

Nevertheless, the issues surrounding housing design for seniors are not strictly related to the physical environment; in addition, they also encompass social, economic, and regulatory issues. The relationship of a housing project to the community, marketing practices, and the building codes that dictate housing standards are all design factors, which together with physical design features, influence the degree to which aging in place can occur. Our existing housing stock is certainly inadequate with respect to various combinations of the above factors. To instead create adequate, appropriate, affordable housing for seniors, new housing design strategies and renovation methodologies are required. As will be discussed below, these strategies and methods must include reconsideration of conventional housing design, re-establishment of links to the community, reexamination of marketing patterns, and reinterpretation of obsolete building codes.

With regard to the most elemental of the housing design issues mentioned above, it is becoming more and more apparent that conventional housing often has physical barriers built into it. Many standard features are typically inadequate even for residents who are not elderly or disabled. Without, sometimes extensive, renovation, such housing cannot accommodate the gradual aging of residents whose functional needs may be changing. To remedy this, the design of new housing units, as well as renovation of existing housing, must be approached anew from a client-centred perspective, and take into account the needs and preferences of elderly residents.

It can be difficult however, for a designer to anticipate the specific requirements of all potential residents, as, beyond the basic common needs, not everyone's needs are the same. A spectrum of needs requires a spectrum of options. Thus, adaptability becomes the key consideration in designing for older populations; this must incorporate flexibility, accessibility and safety. Very basic design features

can prolong the independence of residents, promoting optimal physical and psychological functioning. These would include wide doorways and halls, ample maneuvering space, flush thresholds, extra storage space, good lighting, adjustable fixtures, lever faucet and door handles, and in particular, safety features in kitchens and bathrooms such as non-slip flooring, front controls on stoves, and walk-in showers. These design principles are also known as Barrier-free or Universal Design, so-named because they are intergenerational, and appropriate for everybody.

This highlights the proposition that accessibility features do not need to be obtrusive or institutional in appearance. For example, simply providing building entrances at level grade eliminates the need for ramps and handrails, thereby allowing an accessible building to look "normal". Additional features that enhance accessibility and adaptability are those offered by innovations in technology such as automatic door openers, and even flexible plumbing, which similarly, can have universal applications. Through design studies and demonstration projects, there is now enough environmental design research being conducted to show that the above design ideas can indeed promote aging in place. Developers, architects, and designers need to accept the challenge to familiarize themselves with these ideas, and to understand the essential goal that accessibility and adaptability should be a priority in all housing design.

On the larger environmental scale, integration with the surrounding community is also an important issue in the provision of appropriate housing for seniors. To be suitable, housing should be located in relation to community-based services and amenities such as public transportation, shopping districts, medical services, churches, and green space. And, although independent living is the ideal, as people age in place they are likely to eventually need more assistance, which requires coordinating the delivery of increased community-based care, as well as family supports. Housing that is isolated from the community, in terms of location and/or services, will not be able to provide for these eventualities, and thus will limit the potential for residents to age in place successfully.

Incorporating more common facilities within housing projects, such as amenity rooms and kitchen service, can also provide an answer for some of the needs of aging residents. Shared meals and activities in well-designed, centrally located common areas can enhance security and encourage social interaction among residents, thereby promoting a sense of community within the residence, while still maintaining privacy and independence.

Utilization of amenities within the community should still be encouraged however, rather than including the required services all in one project, both for social and economic reasons. By having a physical presence in the community, and encouraging affiliations with community based programs, seniors' housing

can become more a part of the fabric of the community, which is necessary in order for changes in public perception and attitudes towards seniors' housing to occur. Unfortunately, there is still a certain stigma attached to housing that is perceived to be designated for older persons - people do not like to be reminded of the realities associated with aging.

Such opposing attitudes can, in part, be erased by designing in a way that "disguises" adaptability features. This reasserts the principles of Universal Design, which promote accessibility while still maintaining a standard appearance. These concepts also apply to care facilities, which are sometimes necessarily the housing choice for older, more infirm seniors. Changing design philosophies for care facilities, trends toward deinstitutionalization, and smaller options such as group homes, will help to promote a new conceptual framework for community integration of such required alternatives. The objectives of aging in place can be enhanced by a community's participation in allowing such adaptations to occur. Ultimately, the goal should be to create and maintain livable communities for all, through better integration of housing, care facilities and community amenities.

Economic factors are also at issue in the development of housing suitable for older populations, as dwellings must not only be adaptable and accessible, but also affordable. Aging in place can be an expensive proposition when a unit requires retrofitting - many seniors cannot afford to make the changes necessary to make their dwellings accessible, and thus are forced to move as a result. Moreover, despite advancement in federal and provincial affordable housing programs for seniors, there is still not enough affordable, adaptable housing to meet needs. Steps toward providing more such housing must begin by overthrowing the perception, widely held by for-profit housing developers, that the marketplace does not accept purpose-built fully accessible housing.

It must be acknowledged that seniors are also consumers, and that housing the elderly is a service industry. Once housing providers recognize that adaptable units can also be more easily adapted to overall market demands, the realization will follow that it is in fact practical and marketable to make all housing adaptable. This will promote a better understanding of the marketplace, and an increased capacity to accommodate peoples' changing needs. Again, the practice of "disguising" adaptability features to appear "normal" may improve marketability, appealing more to both seniors and other consumers, as no one wants to be reminded of their limitations. As well, marketing Universal Design products for all consumers, rather than targeting only the elderly or disabled will expand their applicability, and lessen prejudices about their use. Further economic benefits of incorporating adaptability into market housing during the initial construction stage can be achieved from the cognizance that, although at the outset some specialized features may be slightly more expensive to install

than standard features, over time, adaptability is more cost effective than retrofitting. And, in the long run, supportive universal/barrier-free design costs less than institutionalization. Recognition of these factors should spur a consumer movement to demand housing policy changes that will make aging in place more attainable for all.

A serious commitment to improving our current and future housing stock will further require a thorough review and overhaul of the building codes and bylaws presently in place. The building codes that regulate housing design standards are largely outdated, and typically display a lack of awareness of the needs of elderly residents, resulting even now in the continued development of housing that is inadequate. Implementing solutions with regard to housing design issues will require both strategic planning and changes in housing policy. This will necessitate the involvement of all key players in the development of housing, from consumers, through developers, architects, and designers, to city planners, and all levels of government. Consumers must demand changes based upon their needs; designers and architects must be committed to educating themselves about these needs, and incorporating the appropriate design solutions, and even taking on a role of advocacy for initiating housing policy changes. Local governments must begin to mandate new standards in housing design, and adjust bylaws to encourage features that enhance the ability to age in place, and moreover, offer incentives to developers to include these features in their projects. Municipalities must also impel their planning and zoning departments to collaborate with all of the above to produce neighbourhoods that will more congenially accommodate the needs of our seniors, thereby benefiting the whole community. And, like housing for seniors, building codes need to be somewhat more flexible in their structure - they should be constantly adapted and updated as we continue to learn more about the needs of older populations.

There is no question that our existing housing design methodologies require reevaluation; they are inadequate with respect to the needs of older populations, and will continue to be so unless changes are made specific to the issues discussed above. In order to have any permanent impact, modifications must occur in all of these areas, as, to a degree, they are interdependent. Consumer demands influence marketing approaches and bylaw amendments, which in turn influence design outcomes, both at the unit level and in the community realm. Steps have been taken toward mandating adaptability - CMHC's FlexHousing program has arisen from the recognition that design strategies to make homes adaptable are needed in order to improve our current and future housing stock. Through this program, models are incrementally being provided which demonstrate that appropriate design can influence successful aging. It is CMHC's aim that within ten years, FlexHousing will be the norm for new housing and major renovations. However, even once the above objectives have been successfully implemented,

we must not rest on our laurels; keeping in mind that the needs of future generations of elders may vary from the needs of the current generation, our housing stock should be continually evaluated and upgraded in order that we may always provide the most appropriate housing possible.

# Chapter 9

## NIMBY - NO OLD PEOPLE PLEASE

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### Introduction

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by Kaye Melliship

Many people think that the community resistance or NIMBY (Not in My Back Yard) is targeted only at massive and intrusive new developments or to those designed for the very poor or persons with disabilities. Not so.

Neighbourhoods are saying no to housing developments for seniors too. The reasons: the housing development will replace a cherished community landmark; it introduces a multi-unit building into a lower density neighbourhood; strangers will move into the neighbourhood; the newcomers will put stress on already overtaxed community resources; traffic will increase; and so on.

Kaye Melliship, Manager, Local Government and Housing for the Ministry of Municipal Affairs moderated a session that looked at the growing problem of NIMBY as it affects proposed seniors' housing developments. Urban land economics, community planning and zoning, municipal politics and public perceptions of aging in place were examined in relation to this issue.

The four panelists were Michael Geller, a development consultant, Mark Bostwick, Social Planner for the District of North Vancouver, Jim Wilson, Lionsview Seniors' Planning Society and Maureen McKeon Holmes with Norgate House Society. Drawing on their planning, community and land development skills, the panelists talked about their experiences in trying to introduce housing for seniors into communities that said "no." They shared stories of success and failure, provided insights into the legitimate concerns of neighbours and suggested strategic ways to overcome economic, political, social and legal obstacles and build acceptance for seniors' housing.

### Moderator: Kaye Melliship

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*Kaye Melliship* joined the provincial government in 1994 and is currently Manager, Local Government and Housing, Ministry of Municipal Affairs and Housing, Province of British Columbia. She managed the development of the Toward More Inclusive Neighbourhoods Kit - a package of materials to assist housing providers in dealing with NIMBY. Prior to joining the Ministry of Housing, Kaye spent over 5 years as a housing and social planning consultant,



and was the Housing Planner for the Capital Regional District in Victoria, BC. She also held an appointment as Associate Director of the Centre for Human Settlements at the University of British Columbia. Kaye is a member of the Canadian Institute of Planners.

## Panelists

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**Michael Geller** - is the principal of Michael Geller and Associates, Ltd. He has more than 25 years of diverse experience in both the public and private sectors. A graduate of the University of Toronto School of Architecture, he spent 10 years with CMHC involved with various social housing programs, and major housing and redevelopment projects across Canada. In 1981, he joined Narod Developments as Vice-President, and in 1983 established the Geller Group. His company has been involved with various significant projects throughout the Lower Mainland, as well as research and consulting for all levels of government. He has also served as Director, President Pacific Region, and National President of the Urban Development Institute of Canada.

**Mark Bostwick** - is a Social Planner with the District of North Vancouver. Much of his work includes both housing issues and seniors' organizations. Previously he worked in the non-profit sector developing co-operative housing. Prior to that he was part of the original Greater Vancouver Regional District public participation program.

**Jim Wilson** - is a Board member of the Lionsview Seniors' Planning Society. He has a professional background in civil engineering and community planning, and concluded his career in university teaching. He is an Emeritus Professor at Simon Fraser University. Before and after retirement he has worked extensively as a volunteer on the North Shore, specializing in housing for seniors. His experience with NIMBY stems from a noteworthy case in West Vancouver in 1994.

**Maureen McKeon Holmes** - is President of Norgate House Society, and Vice-President of the MS Society of Canada, BC Division. She holds an Honours BA in Communications from Simon Fraser University, and a Master of Science in Health Service Planning and Administration from the University of British Columbia. Her experience with seniors and disability issues goes back many years. She is also a Member on the Alternative and Complementary Medicine Policy Committee, and until recently, was Co-chair of the Public Education Committee for the MS Society.

## Panel Presentations

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### MARK BOSTWICK

We all blame NIMBY ("not in my backyard") for our failures. For example, when a local area plan proposed the introduction of more seniors housing for a community with a rapidly aging population, the suggestion was opposed by two groups. An irate newcomer to the neighbourhood charged that seniors were willing to demand large sums for their houses, and then turn around and try to wreck the neighbourhood by introducing seniors housing. Classic NIMBY", we all said clucking our tongues with resigned contempt. Ironically, many of the local seniors - those who would benefit from more seniors housing - also opposed the plan. Who is behind NIMBY and what does it really mean?

NIMBY is a term like Hippie, Yuppie or Redneck. It is not a truly scientific word, but a journalistic coinage that has collected attributes and connotations, gradually working its way into the area between common usage and sociological meaning. Nevertheless words like this can shape our perceptions and influence our decisions. I will not attempt a scientific autopsy of the word, but reflect on three common understandings of the term.

To some NIMBY is simply the local manifestation of a global trend, the vortex of a major historical movement towards more and more localized decision making. Nation states from Canada to Yugoslavia harbour serious separatist movements; provinces want power from the federal governments; municipalities want powers from provincial governments; and neighbourhoods want to assume municipal authority. NIMBY is a claim for block by block, yard by yard sovereignty. With sovereignty comes politics.

When neighbourhoods become the focal point for local decision making, they will become politicized. All the classic political conflicts (class, race, economic distribution, ideology) will be fought out at the neighbourhood level. The methods of political decision making will also take root: discussion, debate, organization, conflict. Municipal government will become more distant, the real action will be organizing at the grassroots level to take command of decisions. In the "winner take all" situations, neighbourhoods may become much more narrowly constituted communities. Such is the historical trend. This suggests that concepts like "planning comprehensive communities" may have limited appeal. A highly politicized NIMBYism may lead to more homogeneous communities, purged of sources of social irritation including in some instances, seniors. The end result may be a patchwork not unlike greater Los Angeles with separate municipalities for the young, the old, the rich, the poor.

A less ominous theory suggests that NIMBY is evidence of the inevitable social friction created during times of rapid change. Municipal planners point to generational conflict between Baby Boomers and the first wave of the Aging population, the friction that develops when suburbanites find themselves surrounded by a metropolis, the tension when economic insecurity becomes the norm and people feel impelled to hang on more desperately to what they have. NIMBY is an understandable resistance to a rapidly changing environment.

Planners like to think that this is a cloud with a silver lining: social friction is temporary, a passing phase and if the public will only look a little farther over the horizon today's proposals will be more acceptable. Thus, the great emphasis in much planning practice is on education, information sharing, and participatory planning. These are the methods of "enlightenment," transforming the troublesome "present" into a potentially "brighter future." The virtues of local clusters of seniors housing even in traditionally single family neighbourhoods, for example, begin to look more attractive when the alternative is packing mum and dad off to a seniors home with a vacancy some fifty or sixty miles away.

A third theory is less academic. In my experience developers reject both the idea that NIMBY is part of an irreversible historical tide and the idealism inherent in treating NIMBY as a transitional neurosis. NIMBY is a disease that flourishes in a vacuum. In the absence of strong political leadership, a respect for professionals, clear rules and obedience to the "realities of the market," the "bad apples" will take over. Every neighbourhood has its "Whacko Harold," the delusional malcontent, who can mobilize the neighbours to oppose anything. "Whacko Harold" and a few minions can browbeat Council, hold up progress, and cost developers millions. Optimists (not developers) believe these bad apples tend to push too hard and eventually self-destruct, but not before they have killed a lot of good projects.

In the absence of any clear superiority of one theory over the other, the most prudent course seems to be to take NIMBY seriously and foster a variety of responses. Those who believe in comprehensive communities must organize at the grassroots level, block by block if necessary. Seniors can no longer assume that their concerns will always receive a fair hearing; a little political muscle may be necessary. At the same time the "age of seniors" is fast approaching. Increasingly, it is the over-50 segment of the population that establishes what is considered socially important. Meeting the needs of seniors may well become the common task of the entire community, and in such a context NIMBYism may lose its potency.

## JIM WILSON

This paper presents a cynical view of NIMBY based on a real case in Vancouver. It looks mainly at the setting of the contest, the nature of the opponents, the strategies used, both overt and covert, and the eventual political outcome.

The situation: In 1995 the Vancouver metropolitan authority proposed to locate a 150-bed care home for seniors in the middle of one of the most pleasant residential neighbourhoods in West Vancouver. The proposed site was an unusually cloistered one that could have accommodated the home with minimum disruption to the neighbourhood. However it was bounded on three sides by a creek which was home to very small salmon runs (a couple of hundred at the most.)

The combatants: The opposing forces were the metropolitan hospital authority, a bureaucracy essentially doing its duty with the support of a few civic-minded citizens and the local property owners association, who felt wronged and were furiously angry. These differences in emotional voltage account largely for what happened. In addition the property owners were a tight-knit group of neighbours who included a couple of deeply involved lawyers within their ranks.

The judges: The judges were on one hand the local municipal council, whose duty it was to divine "the public interest" while offending the fewest voters possible, and the federal fisheries authority whose duty was to preserve the environment for salmon. These two authorities were inter-related in the sense that if one rejected the proposal the other would then not have to bother.

The action: The property owners were much more active, coherent and aggressive in their actions than the proponents. They made their case in every possible way (valid and relevant or not) and made sure that every possible ally had been mobilized. Notably:

- they made their opposition visible by copying everything to the municipal council
- they got the local newspaper columnists on their side
- they took the proposal to the Supreme Court (and lost)
- they tried to intimidate all of the bureaucracies involved
- most of all, they managed to get the fisheries people on their side.

So what happened? The municipality held a public hearing, lasting four nights. At meeting No.4 the fisheries authority showed up. Their representative read a long letter which, while so worded as not to commit them to anything, conveyed two threats: that IF the matter were pursued, it would undoubtedly be found that the damage to the fish environment was beyond compensation, and that they would muster the full power of the new Environmental Assessment Act against

it. Both of these were misleading. Their own consultant had just found that the damage to the environment could be remedied very easily; and the new Act stated that any action initiated under the old Assessment Act would be dealt with under the less rigorous terms of that Act.

As soon as the letter had been read the mayor terminated the public hearing, immediately convened a meeting of council (who were all present of course) which turned the application down. It became obvious that council was taking this action because the fisheries authority had made it clear that it would not approve the application.

Conclusions: The basic agendas of the opponents in NIMBY are the same - to make the best case possible and to muster as many allies as possible. Beyond that it is a cardinal error to assume that NIMBY is a civilized dialogue. Rather:

1. NIMBY is war.
2. Any handy weapon is likely to be used.
3. The aim is not to prove anything but to persuade.

## MAUREEN MCKEON HOLMES

Norgate House Society is a non-profit society with the goal of providing affordable and adaptable rental apartments to seniors and those with disabilities. The building is designed with a sense of community and with barrier free features that will enable most people to live independently. Ten suites are designed for a higher level of disability so that people could live here who would otherwise be in an institution. Presently, there are few housing options for seniors and the disabled on the North Shore and many are unnecessarily institutionalized. We think we have a solution for many people in the Norgate House model. The CMHC Flex Housing Competition recognized our contribution and we won first place in the British Columbia and Yukon division for our design.

It seems that the days of generous government support for capital projects have gone. We have struggled with financing this project without assistance for capital from any level of government. In this case, the property is owned by the District of North Vancouver and will be leased to the Society. The previous Council in North Vancouver District awarded us the project over fourteen other contenders in 1994. We won out over other contenders for several reasons. In particular we are a North Shore group, we would be leasing the project rather than buying it and we would be providing adaptable seniors rental housing. Without the land lease the project would not be viable or even possible. We have negotiated favorable lease terms with the District of North Vancouver that will allow us to postpone payment for the property for the first ten years. Payments and interest will be paid to the district thereafter and after a sixty year period the property title will be transferred back to the District.

Our volunteer board has spent innumerable hours to get this project off the ground. Most of the board members are North Shore residents who have lived in the community for many years. We were also fortunate that the board has a balance of skills and experience so that each member can be counted upon for additional assistance when needed. Of significant importance to this project have been the skills of a real estate lawyer, an engineer, an accountant and a health services consultant.

Last year we were approved for charitable status and this has saved us approximately \$150,000 in GST payments. We are also increasing our fundraising efforts in order to achieve our goal of including all the adaptable features in our design. We have also been assisted greatly by BC Housing who have offered to contribute \$75,000 per year in a rental subsidy. This subsidy allows us to offer ten low-income tenants a \$600.00 subsidy over ten years.

### **Yes! Build in My Back Yard**

Unlike many other potential developments and seniors' projects on the North Shore, we have had terrific support from the community. This support was demonstrated during our community information meeting where we received unanimous support for our project from the local residents. Support of this nature for a housing project is almost unheard of on the North Shore in recent years. The support was so united and overwhelming that we circulated a sign up sheet to begin our waiting list.

There are several reasons I believe that we have had the support we have had from the community. Specifically,

- When we were awarded this project the property was already designated for seniors.
- The property is not a high rise and will only house 36 units. This project does not significantly deviate from the neighborhood. The typical home in the area is a smaller one level residence built many years ago.
- Norgate House will be located across the street from Capilano Lionsview Seniors that has 66 units and has been in place for about 10 years. This project has run successfully for that time.
- The property is located near the busy main street and would act as a buffer to the neighbourhood.
- The project is a neighborhood improvement project. As is, the property looks overgrown and unkempt. We have heard from local residents that the property is used as a dumping ground for garbage.
- Also, and most importantly, many of the supporters are people who have lived in the neighborhood for many years and want a housing choice that would enable them to continue to live here.

We have also received encouragement and support from a number of community organizations such as the North Shore Health Board, the North Shore Housing Directory, North Shore Continuing Care, Lions View Seniors Advisory Association, The MS Society BC Division, North Shore Community Services and the North Shore Heart and Stroke Foundation.

### **The Hurdles - Not in My Municipality**

A major problem throughout has been the lack of capital funding through any level of government. All the costs of the building will be supported by the mortgage and therefore the rents we must charge. To date, we have not received capital grants, discounts or subsidies. We are however immensely grateful to have secured seed money through the CMHC Private Public Partnership Program that allowed us to get this project off the ground in the early stages.

The biggest hurdle we have had to overcome has been the lack of support of some of the District of North Vancouver Council members. In May of this year, in an in-camera meeting with one supportive council member absent, and at the final stage of our lease agreement with the District, Council voted against signing the lease with us. We were not allowed to speak to their concerns before or after. We were notified by mail that they had voted to not sign the lease. We were not given written reasons for their decision.

We had few options, however the Vancouver Sun and North Shore News wrote articles that were helpful in getting the attention of Council. Various members of the community, those on the waiting lists and a good number of community groups wrote letters in support of our project. Our board members attempted to contact Council directly. Eventually we were allowed an in-camera meeting with District Council and were able to address all known objections. Afterwards, Council commissioned a study by GVHC (Greater Vancouver Housing Corporation) to examine our project in detail. The GVHC report recommended that Council "approve in principle" our project. Since District Council's own independent study recommended that we continue, we now have an "Agreement to Lease." We are also in the process of getting our fundraising back on track and are finishing drawings for the building permit.

After talking to some District Council members, I realize that some are lacking in understanding of the difficulties seniors and those with disabilities face with respect to housing. It appears that this municipal council does not see housing seniors as a municipal responsibility. After more discussion with this Council apparently some members do not see providing seniors housing as a benefit to the community. This point is demonstrated in a letter written by one Council member who wrote me to say that council looks favourably on this project even though there are no financial benefits to the District taxpayers. There is a perception by some that North Shore seniors have property and the financial resources to find their own housing options. Some Council members have commented that funding and support should come from private sources rather than government.

However, on a brighter note, the project has received so much notoriety of late that several Council members have now come around to say that they support our project.



## Conclusion

In our experience, having a need in the community, a suitable location, a supportive community of residents, and the encouragement of many health organizations may not be enough to allow projects like ours to be built. Additionally, since this project has taken such an immense amount of time, energy and work for our volunteer Board, we could not expect that same level of commitment in other situations. We need to better educate our government leaders about the need and requirements of seniors housing. Without their understanding, projects like ours will never get off the ground.

Furthermore, all levels of government should be looking into financial incentives for capital to entice developers to build adaptable housing options. Rental projects should also be encouraged since many seniors cannot afford to buy new adaptable housing. Favorable leasing arrangements would assist non-profit groups like ours to build affordable projects. As importantly, we cannot ignore that we will be experiencing a growth in the seniors population. We cannot afford to wait until our seniors are a majority of the electorate before we take a leadership role in housing seniors. The responsibility for providing adequate, adaptable and affordable housing for our seniors should be assisted and encouraged by all levels of government now.

## Update - March 1998

Our private fundraising efforts have been very successful. The Real Estate Foundation of British Columbia has generously awarded us a grant of \$212,000. In addition, in a joint venture with the Zajac Foundation, they have awarded us \$200,000. We now expect that we will be able to upgrade and include the majority of the adaptable features for all units in Norgate House.

On March 16, 1998 the District of North Vancouver Council approved the Land Lease Bylaw unanimously which cleared the way to sign the final draft of the lease agreement.

We expect that our building permit will be issued by the District of North Vancouver in the very near future. We expect to be able to begin construction by the end of April and to be renting units by the end of January 1999. [Editor's note: Zajac Norgate House was successfully completed and occupied in the spring/summer of 1999.]

## MICHAEL GELLER

Michael proposed that he would provide some balance to the previous speakers who had recounted their personal experiences with NIMBY. For many years he participated in conferences in his capacity as an architect or a program manager in charge of seniors social housing for CMHC. In those days they had very little difficulty getting the projects they were trying to develop or finance approved. There were exceptions, but generally when they went into communities in British Columbia "holding the money bag" to develop 33 or 66 seniors units in that community, it was usually "a piece of cake." Generally speaking they were welcomed with opened arms.

He had a somewhat different experience when he left CMHC and joined the private sector. He decided, perhaps there was an opportunity and a need in the community to develop seniors housing for those people who were not entirely dependent on government assisted housing, but who were nonetheless interested in living in housing designed for seniors. Ironically if you think back to 1981, if you wanted to live in housing that was suitably designed for seniors, with lever handles and light switches that were lower, and electrical outlets that were higher, and perhaps a caretaker living in the building with an amenity room, then you had to be poor. Nobody was building that kind of accommodation for people who had means. And so as soon as he joined the private sector in the early 80's, he decided to transfer all of the knowledge and experience he had gained as an architect building social housing and start to use the substantial resources from his private development company to start building market housing for seniors. In two years he "put the company into receivership, and set off on his own."

One of the interesting things he did was a study for the GVRD that looked at the whole question of development controls for seniors. If anyone is about to embark on either developing a project for seniors, a whole range of seniors, this study is interesting. He compared every municipality in the GVRD in terms of its development control procedures. How did it deal with different forms of housing? One of the interesting things is that these types of housing, such as congregate housing or Abbeyfield or group homes, etc., were never contemplated when most of the zoning bylaws were written in Canada. And this is one of the things that was addressed in the report. Indeed, one of the problems that is experienced today is that people don't really understand these terms. Just talking about seniors housing, in itself, means different things to different people.

In the late 80's, Michael had the opportunity to act as consultant for a group of people, a development company, who had acquired two blocks of land near Fourth Avenue and Alma Street on the West side of Vancouver. Interestingly, Pacific Western Realty, the company, wanted to develop a congregate housing project to serve the residents of the West side of Vancouver, and wanted to model

it somewhat on Hollyburn House in West Vancouver. Michael was retained as their development consultant to manage the rezoning and hired Neil Staniskis Doll Architects to assist in the overall planning for what was going to be . . . . .  
congregate housing on one half of the site, and some form of market seniors housing on the other.

They went to the community, and after a great deal of deliberation, got to the point of public hearing. One of the interesting issues that emerged was whether or not this land should be zoned specifically for seniors, or in a broader way. They argued for what they called "comprehensive development zoning" which would have married the zoning to the specifics of the building. But the planning department, feeling that they had too many of these site-specific zones, decided it would be better just to zone it for multi-family housing. The public hearing went on for some time, and it was somewhat controversial, for reasons that you've heard already today.

In the end, people from the Seniors Committee of the City of Vancouver came out and spoke in favour of the need for seniors housing, and council approved it. Pacific Western subsequently proceeded to work with a congregate housing developer, but the economics were not working. The decision was made not to proceed with the development, but instead to sell the site to Polygon Properties, who went on to do a development that is today known as The Cumberland. Ironically, these are projects targeted to the empty nesters and seniors who already live in the area. However, ever since that day Michael has had a bad reputation in West Point Grey because he had promised that they would develop seniors housing, and it was rezoned for seniors housing, but this was a condominium development. The notion that you can build a building that is a condominium development and that this can be a seniors development at the same time, is something that many people have had a hard time coming to terms with.

Michael related two other experiences that he has had, the lessons he's learned, how he has tried to manipulate the councils, planning departments, and communities in order to build these developments. He concluded with some general points and lessons on how we can deal with the attitudes of a community towards what is essentially the concern people have for change.

The next development Michael got involved with was a development known today as Oak Gardens. Oak Gardens is a project in the Oakridge area designed to cater to "his mother, and his father" who were at the time in their early 80's. He felt it was important that there be a housing development where they could live, close to the Jewish community centre, services and amenities of that area. One of the lessons he had previously learned was that one has to be very rich as a developer in order to assemble all of these properties, and as Jim pointed out, these things take a long time. To get a ninety day option makes it very difficult

and expensive. As it turned out, acquiring his first location turned out to be impossible. He continued to look around that same area for other options. He identified a site with 10 single family houses across the street, but could only acquire seven of those 10 houses. In the end he tried to do a somewhat less ambitious development on a block that had four single family houses right next to a deli, across from the community centre, across from religious facilities. The way he did this was interesting.

People often resent a rezoning because they feel the developer is making too much money. Whether it's a good use or a bad use for the land. He could sympathize with this view. It sometimes seems wrong that one person should make all this money because of a public or community initiative or decision. He decided to partner with the private property owners. In other words, if this land was going to be increased in value as a result of the rezoning, they would get the increase in value. Most of them had lived in this community for 40 years. He made a deal with them so that whatever the land was worth after the rezoning, they would get it. In return they gave him enough time to go through the planning process. They also had a real vested interest. They had friends in the community, and he felt it would lend some balance.

In the end, it worked...somewhat. The houses were initially worth about \$250,000, and by the time the rezoning was finished they were worth about \$800,000 each. The issue of how much money he was going to make came up during the rezoning, and the people spoke up. Then the resentment was redirected towards those four homeowners! The big issue was: how did the community know this was going to be seniors housing? They said, "this is the same Michael Geller who lied to us in Point Grey!" One thing he did was propose site specific zoning, with covenants on title or bylaws. Council did not want covenants on title, so it was agreed that it would become a condition of the development permit and be written into the bylaws of the strata council. The development went ahead and they ended up selling 43 units to seniors with an average age of over 80.

He then moved on to another project. One of the comments that has been heard is absolutely right. You have to create some balance. If it is a big nasty developer, notwithstanding how well-intentioned he might be, against a community, we know who is going to win. However, if it is 43 households, who perhaps have lived in the community, or who have children who live in the community, and want to move into the development, versus the surrounding neighbours, then maybe there is a chance of a slightly more even balance. So Michael's strategy in developments he has been doing lately has been to try to identify who are the real beneficiaries of the projects in advance, and work with them so that when the public hearing comes, they are there to come and speak in favour of the projects. Not because they are the developer who will make some money, or

because they are the landowners who will make a big gain on the rezoning, but because potentially they will have an opportunity to live in suitably designed housing in their community. He went about this by advertising for people who want to live in suitably designed housing in the community. He has been accused of being machiavelian and misleading, but all he wanted to do was to genuinely find out if there were people in the community who were interested. Not surprisingly, 134 people clipped out the coupon and mailed it back, indicating not only that they were interested in moving in, but also in being involved in supporting the development, even if that meant going to the public hearing and speaking contrary to their neighbours next to whom they sat.

In conclusion, Michael has learned several lessons. Firstly, that this issue of demonstrating that it really is seniors housing is important. Proposing covenants on title is one way that is legal, something that is very do-able. Another thing is to identify the supporters or beneficiaries, or the people who might want to live in the development. Work closely with them while continuing to work with the rest of the community and try to address any concerns they may have. The next point is, there has to be a carefully orchestrated communications strategy, right down to how do people find out about this project, how do they find out about "you" the developer, whether you're non profit or private. So when word gets out, at least someone out there has the facts straight. The next thing is that design is important. Many people don't want projects approved that are ugly. And they often are ugly. But if a project is really nice, then it helps gain community acceptance. He believes the quality of design both inside and outside is very important.

The next lesson is: you have to work with everybody. There is no such thing as "the community." He worked well with the immediate neighbours only to discover that the West Point Grey community association had issues. He never even thought of dealing with them. So the community is multi-faceted. The other thing is that you have to work with city staff, and often they are not always your greatest allies, and you have to work with council. Any one of these different entities can pose challenges. Even federal or provincial governments can be involved. Another thing, one can't be too greedy. There has to be a sharing of the profits, whether with property owners or buyers, or the municipality. Finally, you have to keep your promises. The whole notion of trust seems to have broken down in our communities. At the end of the day, it is this notion of trust that is needed to bring communities together.

## Rapporteur's Summary

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by Christina Rucci

NIMBY, or "Not In My Backyard," is a slogan that is used when one lacks vision and foresight. People experience "NIMBYism" when an undesirable project, such as a transition house for women, a child care facility, or seniors housing, is proposed in their community. People fear such projects because they perceive that they will lead to major undesirable changes in their neighbourhood. For example, projects such as these may increase the density of a street, which may lead to more local traffic, less parking, noise, safety issues, and a decline in real estate value. Moreover, some people fear that this type of development may lead to major rezoning in their community which, in turn, may result in more high-density developments. Consequently, NIMBY is often used as an excuse for the members of a community to draw up battle lines and start what Jim Wilson calls a "war." The purpose of this paper is to briefly present some proactive measures which can be taken by developers or the members of a community as a way to avoid going to "war." These measures include education, at both the community and municipal level, gaining allies, forming trust, sharing profits, and good design.

### Education.

Through a process of education and enlightenment, NIMBY sentiments can be alleviated. For example, developers, planners, and community groups, through public forums, workshops, or one-on-one consultations, can help individuals understand the positive impacts a new development can bring to their community. In this way, any negative myth about the development can be dispelled and a level of trust may be established, thus diminishing peoples' concern for change.

Education must also occur at the municipal level as many politicians do not comprehend how developments, such as seniors housing, could benefit the community. Maureen McKeon Holmes, for instance, noted that some Councilors at the District of North Vancouver believed that seniors housing should not be a municipal responsibility as it did not benefit the community as a whole. Accordingly, this Council did not support Norgate House until such time that public pressure and a report written by the Greater Vancouver Housing Commission (which recommended that the project should be approved) persuaded them to change their minds.

### **Gaining Allies.**

Gaining allies is a logical and powerful way to overcome NIMBY sentiments. When gaining allies, it is important not to overlook anyone, for as Mark Bostwick puts it, "we should assume that the interest will be across the municipality." This means that not only should those directly affected by the proposed development be contacted, but also local merchants, community associations, neighbourhood groups, and any other stakeholders that may hold some interest in the project. Michael Geller, interestingly, takes his search for allies one step further as he advertises for them in the local paper. In a recent edition of the *Vancouver Courier*, for example, he solicited residents of Kerrisdale and Dunbar to find out how many of them would prefer to live in seniors housing. In this way Mr. Geller gained, in advance, important supporters and allies who will potentially speak favourably of his project at the public hearings, hence using their influence to help get the project approved.

### **Forming Trust.**

A key to forming trust is to keep your promises. For example, developers, in particular, must build the original project which they proposed and not change the use (e.g. seniors to mixed-use housing) once they are granted approval for their project; and developers (or who ever is building the project) must sell units at the price which they were originally advertised for, thus avoiding false marketing (e.g. if the units are originally advertised for \$150 000, that is how much they should be sold for.) If developers creates a reputation for themselves as being honest and trustworthy, then the opposition towards them and their proposed development could be minimized in the future as community members will be ensured that they will get that which is promised.

### **Sharing Profits.**

An honourable way that developers can gain support and defeat NIMBY sentiments, particularly in the neighbourhood that is to be directly affected, is to share their profits. Michael Geller, for example, when buying up lots for his proposed development promised to share the profits, which would be incurred through the rezoning of the land, with those from whom he purchased the land. Those residents in this case were quite fortunate as they enjoyed tremendous profits as their homes almost quadrupled in value through the rezoning process. The key is being willing to give something back to the community, whether individually or collectively, as in contributing amenities or green space to the municipality.

### Good Design.

Good design is an important way in which support for a proposed project can be gained. The key to good design is to create a building which is of high quality and is attractive both inside and out, and not something which will be perceived as an "eyesore." The design, moreover, should complement and blend into the existing neighbourhood. If the builder of this type of development does this, he or she can avoid criticism and build on their good reputation.

Through careful planning and foresight, honesty and common sense, developers, planners, and community associations should be able to convince the "public" of the relevance of projects such as seniors housing. Once support is gained and opposition minimized, furthermore, it may even be easier for groups such as The Norgate House Society to gain the financial support needed to get their projects off the ground. For example, if the federal, provincial, and municipal governments can be convinced, through public opinion, that developments like seniors housing are needed, then more government funding may be allocated to help support such projects. In conclusion, if measures such as those mentioned in this paper are followed NIMBY sentiments can be sorted out peacefully and a "war" may not have to occur at all.



# Chapter 10

## ADAPTING EXISTING HOUSING TO FACILITATE AGING IN PLACE

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### Introduction

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by Jeff Vasey

Aging is a process of perpetual change. It is unfortunate that this dynamic process unfolds in environments that are often static, unforgiving and inflexible to the changing needs that we all experience throughout our lifetime. Traditional planning and building practice caters to the young and healthy and actually can create many problems for individuals that do not fit the ideal profile, reducing their independence and impacting their quality-of-life. Problems that do arise are often seen as being the fault of the individual rather than the result of inappropriately designed environments. Much public awareness is needed.

As a complement to other panel discussions that focused on adaptable housing as a progressive housing option for new construction, this panel discussion emphasized the need for modifications to existing dwellings, highlighting some of the difficulties surrounding implementation.

Lesley Kenny, project coordinator for the Seniors Supportive Living Project, presented results of a study on seniors' housing, social support and health with sample responses to specific questions on safety, accessibility and desirable modifications.

Val MacDonald, coordinator of the Seniors Housing Information Program, profiled seniors housing in the Lower Mainland, noting the increasing pressures being placed on the existing stock. A possible option was presented in the creative reuse of existing but outdated buildings to provide cost effective seniors housing.

Charmaine Spencer, a researcher with the SFU Gerontology Research Centre, presented a series of ideas under the title "Aging Buildings - Aging Bodies - Aging Minds," recommending training for building managers to increase their awareness of the changing needs of their aging tenants, and to provide them with advice on how to accommodate those needs.

Peter Robinson, Director of Regional Operations - BC Housing Management Commission, spoke of the need to upgrade our provincial social housing stock. After presenting some of the low cost modifications that are relatively easy to make, Peter spoke of the issues that need to be weighed when rationalizing high cost modifications for improved accessibility. Also noted were the limitations to physical improvements and the possibility of exploring operational alternatives.

The term aging in place, in many respects, is not the most preferable. Other countries speak of similar initiatives and concepts using terms such as Lifespan Dwellings, Ease of Living, or Lifetime Homes. In the end, the panel was supportive of the very empowering Swedish term, Living on Your Own Terms (Bo pa egna villkor) as being most descriptive of ultimate goal.

### **Moderator: Jeff Vasey**

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*Jeff Vasey* - is the Accessibility Advisor, Accessibility Program, BC Ministry of Municipal Affairs and Housing. He joined the Ministry of Municipal Affairs in 1996 to develop the Accessibility Program. He studied architecture at the University of Waterloo, practiced it for seven years in the Vancouver firm of Downs/Archambault and taught architectural design at the University of British Columbia School of Architecture. As the Accessibility Advisor he now works to provide advice and encourage the building of communities that are inclusive and accessible.

### **Panelists**

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*Peter Robinson* - has been the Director of Regional Operations, BC Housing Management Commission for the past 12 years. In this capacity, he is responsible for overseeing the administration of social housing programs throughout the province. He has a keen interest in ensuring that seniors' housing meets the needs of its clients, and works with non-profit societies and housing managers to ensure that long term plans are in place to adapt seniors' housing to an aging population.

*Val MacDonald*, - a community developer with a health care background, has been the Co-ordinator of the Seniors' Housing Information Program (SHIP) since its inception in 1987. SHIP provides information on housing and related services to seniors in the Lower Mainland. Ms. MacDonald's perspective is that of a local community developer. She defines supportive housing, reports the results of a seniors' housing survey conducted in Burnaby, BC, and comments on the need for flexible policies on housing and care.

**Lesley Kenny** - is a research consultant and has worked in the field of aging for the last three years. Currently, she is Project Coordinator for the Seniors' Supportive Living Project, a longitudinal study of seniors' (75+) housing, social support and health. This community-based study, currently at the end of its second year, is funded by the British Columbia Health Research Foundation.

**Charmaine Spencer** - has been with the Gerontology Research Centre at Simon Fraser University since 1992. She is a lawyer-researcher. Her work has focused on social, health, and disability issues that many seniors face in later life. She is best known for her research on financial abuse of seniors. She has written well over 30 publications for community groups, as well as the provincial and federal governments. Some of the topics include "seniors at risk," abuse and neglect of seniors in institutional settings, mental health, and ethical issues. In 1994 she received a three year research grant from the Seniors' Independence Research Program and Canada's Drug Strategy to examine the many obstacles experienced by seniors seeking help for alcohol problems.

## Panel Presentations

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### PETER ROBINSON

I am coming from a slightly different viewpoint - namely that of the large number of seniors social housing units built in this province since 1950; in particular - the approximately 4,000 units of seniors housing managed directly by BC Housing.

These projects:

- are a combination of low-rise and hi-rise
- were built (the majority) between 1960 and 1975
- have unique environments - originally built to "minimal" standards (i.e., basic interior finishes, size of units often quite small - but a number of units are large)
- include examples such as Sunset Towers in the West End, (500 units built in 1970)

The original population HAS aged in place, requiring new support services and physical adaptations, also compounded by placement of persons with disabilities, particularly those with behavioural problems, and safety/security issues.

Our goal has been to upgrade these buildings to meet the changing needs of existing residents. We started with such simple things as hardware, grab bars and lighting (about \$500 per unit.) A retrofit to make a bathroom wheelchair accessible costs about \$4,500. Then we provided common area spaces for services (i.e. communal kitchens for meal programs, space for urban gardening, offices for visiting health practitioners, and space for home support workers - including laundry facilities,) and training of staff.

We are now faced with more radical changes because of a large number of wood-frame walk-up apartments with no elevators.

Looking at each case individually - \$80,000 to serve an 84 unit/two story building in Victoria makes sense - but \$200,000 to install one in an 18 unit building in Sparwood does not (in such cases, it is more cost effective to relocate mobility impaired tenants to the ground floor, or provide a rent supplement into the private sector.)

There are also an increasing number of fires in our seniors buildings (due to smoking and cooking accidents;) we need to ensure all appropriate safety systems and training programs are in place, including detection and alarm systems, and possible sprinkler renovations (\$7 million to do our hi-rise towers in the Lower Mainland,) aggressive training and drills.

There are also increasing issues of security. We need to ensure entry lobbies are secure and well-lit, to review whether key access is appropriate, or whether to move to a card-lock system. We need to review the issue of enterphone lock-off, staffing (24 hour,) and issues of supported living. For example, the need for a communal tub for assisted bathing (because of Home Support workers suffering back injuries or seniors being unable to get in and out of tubs,) would require removing a unit from service, and converting to a new use.

The room and board model may be one option. For example, in Victoria the Glenshiel is a 74-unit facility which provides affordable room and board (i.e., about \$900,) without subsidy. It includes 24-hour staffing, meals, and housekeeping. It is difficult to achieve this if there is a high mortgage cost - but it is possible.

There are also issues related to conversions from bachelor to one-bedroom units. What triggers modifications are: demographic data - running aging profiles, incident reports, repair costs, annual unit inspections (i.e. condition of a tenant in addition to condition of the unit,) neighbourhood changes (i.e. security, services - both a lack of and new.)

In conclusion, there are limitations to physical modification; in a time of diminishing budgets, we need to consider what can and can not be done. For example, when considering the addition of an elevator, it may be cheaper to rent supplement than to adapt the building. In some cases, we may have to close buildings and relocate tenants to more appropriate locations, rather than put a lot of money into the facility; (i.e. redevelopments such as Killarney Gardens.) This is extremely tough on the residents. These are their homes and there are emotional attachments, but with sensitivity, good planning and communication, it can be done. It is in fact an opportunity for redevelopment of some older projects.

VAL MACDONALD

Please see under Chapter 3: "Innovative and Supportive Models of Housing"

## **LESLEY KENNY**

The Seniors' Supportive Living Project is a community-based research group looking at the social and housing needs of seniors. We are particularly interested in seniors' experiences of living in supportive, or assisted, living environments; for example, residences where seniors live independently in their own suites but where meals are prepared and served in a communal dining room. Since January 1996, we have followed 60 seniors in Victoria and the Lower Mainland. Our trained interviewers, seniors themselves, visited participants in their homes and asked questions about their health, their housing situation and their social network. Participants were also encouraged to tell us their concerns and opinions on matters relating to these and other issues. All participants were at least 75 years old, and lived alone. We also held focus groups in the fall of 1997 for people interested in participating and contributing to our study.

### **Community-based Research**

As the project coordinator for this community-based study, I was responsible to a community advisory group (CAG) made up of retired seniors, health care workers and others who are concerned with the issues of seniors' health and housing. There is growing evidence indicating that community-based research enhances the quality and impact of health and prevention research. The SSLP was funded under the Community Grants section of the BC Health Research Foundation, an organization that has been helping to develop the community-based research sector since 1990. We are considered a "community-based" research group because the idea for the study and the ongoing supervision come from members of the community who have a particular interest in the subject and its outcomes for policy and who volunteer their time to support these aims. It is a measure of the commitment of the Community Advisory Group for the Seniors' Supportive Living Project that the majority of our original members are still a vital part of this research team.

### **Progress Update**

We are coming to the end of our third of four survey interviews with each senior. Because we have interviewed a small group in some depth, we cannot make any sweeping statements about "all" seniors, or even about all seniors in BC. However, we can talk about some of the issues that many of these seniors have raised, and about some of the areas that will require a different style of research to explore more fully.

The majority of participants say that they are in good health, and most of them are reasonably happy with their current housing situation. Not surprisingly, high rental costs are a big concern, especially to seniors who have lived in their homes for many years, and fear that another rent increase will force them to have to leave, not only their home, but perhaps even the area where for years they have

lived and shopped and visited with friends. When we asked seniors if they are concerned about where they might move to next, or if they have given it some thought, most people said they had not; the general assumption is that the next move would be to a nursing home or some kind of long-term care facility. Very few seniors indicated that they were aware of alternative housing arrangements that would fit their changing needs.

Many of the seniors said that they have at least one close friend that they can turn to either for social activities or for consultation on more serious matters. Other research has told us that having at least one friend is good for our general health and well-being, and it decreases the chances that we will find ourselves isolated, and feeling cut off from the rest of the social world. Interestingly, some of the participants said that, although they would help their friends if called upon, they themselves would be unlikely to call on their friends for support. One participant commented on this and suggested that people in her age group (around 80 years) find it hard to reach out to others for help, although they have been brought up to help others. She also said, almost as a confession, that "pride rears its stubborn head when you get to be my age — you cling to what abilities you have and, I suppose, don't want anyone to think that you can't look after yourself anymore." Ironically, most of the participants said that they would advise other seniors to reach out to other people if they felt isolated and alone. Focus group participants talked about the benefits of belonging to social activity groups; as one woman suggested: "At least that way, you'll be missed if you don't show up and people will check in with you to see that everything's all right."

In terms of their health, these seniors said that the person they are most likely to talk to about their concerns is their doctor, followed by an adult child. Only a small percentage said that they use alternative medicine for either prevention or treatment (for example, massage or acupuncture). On average, and contrary to popular thinking, these seniors visited their family doctors an average of only three times a year. It is not yet clear how the health of seniors who live in supportive environments differs from the health of seniors who live on their own; however, it appears that for some seniors, the move to supportive living has been a key factor in their overall health. Many have gained weight and feel secure in the knowledge that there is someone just a button away who could assist them if needed. Women, especially, told us that they rejoice in the fact that they no longer have to cook for themselves in supportive living situations. Still other seniors were adamant that they did not want to leave their present homes and certainly did not want to live in a situation where they perceived "forced" social contact was the norm (e.g., communal meals.) It appears then, that there is not one answer for all seniors and that personality, income level and social expectations play a large role in determining where seniors live and how their choices affect their overall health and well-being.



## CHARMAINE SPENCER

In this brief presentation, I will describe the integral role of building managers in facilitating "aging in place" from a point of view of older tenants and residents living in older buildings. Aging in place is not only a physical phenomenon, but a psychological one.

For many seniors, older buildings and older communities can mean positive things like familiarity and comfort. At the same time, many older communities are in flux, which can be anxiety-provoking or threatening for some. Living in an older building often represents a trade-off for the senior: some good, some bad.

Good building managers are instrumental to positive aging in place. At the same time, they face a number of challenges as their buildings and residents or tenants become progressively older. Some seniors will experience physical changes such as hearing, visual, or memory losses, or periods of poor health, which can be psychologically devastating and isolating for them. The changes can also cause practical problems for building managers, if they do not realize what is happening to this senior and why.

From a psychological perspective, successful aging in place in an older building depends on many things, including:

- a) the senior's reaction to personal and external changes,
- b) the efforts and reaction of others, particularly building managers and neighbours,
- c) building managers' level of awareness about the changes that can accompany aging, why those changes happen, and the effect of the changes;
- d) building managers' willingness and ability to accommodate those changes in older residents and tenants (in other words, flexibility); and
- e) the support of the managers from higher levels of management.

The brief presentation ends with a number of suggestions regarding training building managers for the future.

## Rapporteur's Summary

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by Jennifer Wallace

The panel offered an examination of issues involved in upgrading and adapting existing, but outdated and unsupportive buildings, providing for amenities and supports, and training building managers to help aging residents stay in place.

**Lesley Kenny:** Lesley discussed her involvement with the Seniors' Supportive Living Project. Participants in the study are elderly individuals who are over 75 years of age ( $X=83$ , 3/4 were women) and living alone throughout the Lower Mainland and Victoria. The study consisted of interviews, conducted by seniors, every six months over a two year period (interviews lasting between 1-1/2 hours each.) The study was designed to look at the correlation between housing and social support and how the two work together. The project revealed that, on average, 44% of the participant's income is spent on housing costs (high end 70%.) Approximately 20% of the respondents living in their own homes acknowledged that their rent is "too high" & they can "hardly afford it." A further 17% experience problems getting into and out of their home, yet 1/3 live in adapted buildings. Moreover 70% of the respondents admitted to having assistive devices in their own homes, but 1/2 of these 70% did not acknowledge their special features. Another interesting finding indicated that the bigger the building was, the less the senior felt "at home."

Some conclusive statements made during this presentation indicated that the ideal form of housing would be privately owned by the senior, with additional services easily accessible. Attractive services include: entertainment, prepared meals, private bathroom, easy access to buses, companionship and, if necessary, personal care options.

**Val Macdonald:** The label "aging in place" may not be appropriate as it offends some people, but Val asks "what is aging in place?" It is a philosophy encompassing an attractive housing option for a significant number of older people. Val contends that new housing must be universally designed to fit the needs of the young and old, addressing a wide range of abilities. She also notes that existing housing can be modified. Both new and old housing for seniors should offer a minimum of 300 square feet and it must adapt to changing needs. The key themes in housing should be flexibility and options (e.g. meal plans.) Moreover, residents need a voice in decision-making. Staff living in the buildings must be trained and fully able to access community resources available to help residents "age in place." Additional support can be achieved by assigning case managers (health service providers) to entire buildings, rather than to individuals. Val also acknowledges that there have been recent changes in housing policy resulting in the integration of young people with disabilities and

older people "aging in place." Although both groups require some special services, this arrangement may not be ideal.

Special housing is limited and the current rental market has more bachelor suites available than one-bedroom units. One-bedroom units, however, are the preferred option. Furthermore, there is a shortage of buildings offering meals, floor monitoring, elevators, accessible spaces and storage for wheelchairs or scooters. A persevering complaint remains: there is little funding available for change and there are no resources. It is thus very important that we look at the existing housing stock before we decide to demolish it. These buildings can be adapted, and remain affordable and available.

**Charmaine Spencer:** Charmaine addressed the issue of training building managers to help facilitate "aging in place." Four environments have been identified: physical, operational, supportive and management. Charmaine identifies many of the sensory changes associated with increasing age: a) Vision: 12% of all seniors have uncorrectable visual problems such as cataracts, macular degeneration and glaucoma. Consequently, residents may not be able to read less than 14 point print and they will probably experience a decreased ability to negotiate in the home environment. b) Hearing: 30% of all seniors experience significant hearing loss. This percentage is 50% for those aged 70-79. Unfortunately, some types of hearing loss cannot be fixed by hearing aids, therefore, communication becomes a significant problem. If a senior cannot hear, s/he may not be able to detect a knock at the door or an emergency alarm. c) Mobility: mobility problems may accompany illness which may occur more frequently in older people. d) Memory and learning: some older individuals may experience declines in memory and learning which may affect their functioning in the home environment. It is important to note that 1/2 of the older population living with dementia live in the community. It is essential that researchers examine the activities of these residents: what do they do hourly? Daily? Monthly? Yearly? One must look at the elevators, laundry facilities, parking lots and overall physical environment.

**Management Environment:** In the past, building managers used to maintain a primarily custodial role in the care of their assigned buildings. This role required little, if any, formal training and was removed from direct involvement with the residents. Times have changed for managers and now they are in a multi-faceted position - responsible for the building and the people within their building. Unfortunately, residential building managers must still work long hours with minimal pay. It is critical that building managers receive training in the needs of aging tenants. Although training programs are few and far between, some initiatives for building managers are in place. For example, The Seniors West End Link (S.W.E.L.) is a collaborative project designed to link residential building

managers together in Vancouver's West End to learn about issues related to isolated elderly tenants. Managers are invited to attend free workshops on the third Thursday of every month addressing a variety of issues such as: Fire Prevention, Dealing with Grief and Bereavement, Emergency Response Systems and Legal Issues. Without adequate training, managers will struggle with numerous issues related to the aging population.

**Peter Robinson:** Peter is the Director of Regional Operations working for the BC Housing Management Commission. As such, he has first hand experience regarding problems encountered by aging tenants in the existing housing stock, particularly non-profit housing. Peter is concerned with the minimal standards existing in the present selection of low and high rise apartment buildings. When these buildings were first built, they were not a problem, but now they are posing some serious complications. Residents are "aging in place" within these older buildings, but the built environment is no longer able to accommodate the changing needs without modification.

There are three options available to deal with the problem: a) small, inexpensive changes can be made to compensate for sensory losses such as installing lever handles on doors and plumbing fixtures; b) support services may be organized or c) radical changes can be made such as demolition and redevelopment. The non-profit experience for Peter has been challenging as a result of a large number of wood frame buildings and buildings without elevators. In the case of smaller buildings, it is often not worth the money to maintain the building by making changes. The difficulty remains in deciding whether a building should be fixed up or demolished. If it is demolished, there is a significant problem in relocating the older tenants who live there. Fire safety is also a pressing problem in these buildings as the stock was built before sprinkler systems were mandatory. It would cost \$7 million to change just the existing CMHC stock. Issues of security are also demanding attention. As such, lobbies must be retrofitted and modified. One such adaptation is the lock system that turns off automatic entry from apartments at 11:00 p.m. If this system is in place, a resident will have to come downstairs to let a guest in if it is the middle of the night. Clearly, this prevents strangers from convincing seniors and others from letting them into the building uninvited. Other issues presented by Peter included: the provision of a communal bathroom, with assistive technology to help save the backs of home support workers when coming into a building to provide home care.

**Question Period:**

- Q. To Peter: Is there a problem with safety and security in times of emergency when the 11:00 lock system is activated?
- A. No. A thorough system has been worked out with the fire and ambulance services. They always have a means to get into a building in times of emergency.

A. (Charmaine): Some of the safety measures are extreme. Are we constructing a "barricade mentality"? Some buildings require code cards in the elevators so that only the resident can get off on a particular floor. In this case, it is difficult for residents, living in the same building, to socialize and get to know one another.

Q. To Lesley: How will you aggregate information in the Seniors Supportive Living Project and then use it to adapt existing housing?

A. Information will be used in several areas. Presently, numbers are being quantitatively analyzed.

Q. To Lesley: Does your study examine different ethnic groups and cultural diversity?

A. No. During our project we have made some attempts, but have not been successful.

Q. Is there money available to adapt existing housing?

A. Yes, but there are restrictions. CMHC has more information.

#### Themes:

- Our elderly population (65+) is rapidly increasing and the majority of these older people choose to "age in place."
- Flexibility! It is essential in successful housing design to ensure the environment can adapt to the changing needs of the population, particularly the aging resident.
- Promotion of options in housing seniors: seniors want to "age in place," but services will have to be available to make this prevalent wish a reality.
- The present housing stock is not suitable to accommodate the growing needs of the elderly population. Large numbers of seniors are on waiting lists to get into non-profit housing, but even if they get into a "seniors building," many of them are not senior- friendly, e.g. have no elevators.
- These buildings must be modified, demolished or retrofitted to compensate for the physical changes experienced by growing numbers of elderly tenants.
- The present housing situation is demanding attention NOW. Unfortunately, funding for projects is limited and resources are scarce.
- Trained staff within a building are a necessary component of successful "aging in place." Today, building managers are looking after the physical environment for their tenants as well as the psychological environment. It has been suggested that either building managers receive additional training on issues related to aging or specialty staff should be hired to live in buildings and respond to the health needs of the residents.
- It is essential that additional housing becomes available for those elderly individuals waiting on lists to move into more suitable housing. Changes

must be made for those individuals spending up to 70% of their total income on housing.

- Older people may experience profound changes in sensory perception and physical abilities. Consequently, it becomes increasingly difficult to live safely in an unmodified home environment. Service providers will have to find ways to deliver comprehensive services to all individuals who require assistance regardless of financial ability to pay for assistance.
- Senior tenants should be encouraged to get involved in the many aspects of decision-making pertaining to the issue of housing for the elderly population.

# Chapter 11

## TRENDING BUILDING PRACTICE

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### Introduction

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by Mary Ann Clarke Scott

Throughout the conference participants heard the terms adaptable, flexible and universally designed housing, along with innumerable specific physical design features to accommodate an aging population and support safe and independent living. In addition, assistive devices were referred to in their supportive role in the home environment. As well, presenters and participants discussed new models of housing that are emerging and evolving, and that by-laws and building codes are falling behind in recognizing and guiding the design, development and construction of these innovative forms of housing.

This panel was designed to highlight some of the opportunities and challenges facing housing industry professionals as they attempt, and sometimes struggle to accommodate these changes. Moderator Don Hazelden brought the perspective of the federal government in its guiding role in bringing about changes to help accommodate our aging population. His involvement in the design and development of CMHC's Flexhousing program gives him insight into the particular solutions and structural (in more ways than one) challenges faced by the industry as it attempts to meet the needs of a varied and changing population.

Keith Sashaw brings to bear a wealth of knowledge and experience in the housing industry on the topic through his role as Executive Vice President of the Canadian Home Builders Association. His both broad and historical perspective sheds light on the willingness and ability of the housing industry to make the necessary changes to serve an aging clientele, and the importance of builder education in meeting this goal.

Sean McEwen, an architect, shares his experiences in designing a day care facility for frail elderly with special needs, and the challenges posed by building outside of the standard requirements of the regulating bodies. In addition, he highlights the impact changing policies and philosophies of care for the elderly are having on the knowledge and sensitivity required by those in the design professions.

Andrew Harmsworth is an engineer who specializes in fire protection, and contributes his experiences as a building code consultant. It is here, where new and evolving building forms and design standards come into conflict with older

building codes and regulations that are restrictive or inappropriate, that new standards are set through the negotiated code equivalency process.

Gillian Watson-Donald speaks to the issue of changing design standards to meet the needs, not only of the aging population, but of an increasingly diverse population, both young and old. She relates the objectives and challenges faced by the City of Vancouver's Accessible and Useable Dwellings Project committee towards this ambitious end.

Finally, Patrick Simpson of User Friendly Homes attempts to tie these issues together by illustrating how his planned demonstration User Friendly Home will take on the challenge of design and building innovation, setting new standards for safety and accessibility and providing education to both consumers and industry professionals.

### **Moderator: Don Hazleden**

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Don Hazleden is a registered architect in BC (since 1983.) He is a graduate from UBC, Bachelor of Architecture, 1981 and Bachelor of Environmental Studies in Architecture from the University of Waterloo in 1977. He has been employed with CMHC since 1984. As architect and program manager for CMHC he has been responsible for over 4,500 units of housing in over 200 projects. Currently he manages the delivery of research and technology transfer programs at CMHC for the housing industry in BC. He is the chairman of the AIBC Professional Development Committee and the past co-chair of the AIBC Housing Committee. Additionally he sits on the CHBA BC Technical Advisory Committee, and the National Housing Research Committee. Current major responsibilities include the delivery of the CMHC Flex Housing program in BC and the Yukon.

### **Panelists**

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**Keith Sashaw** - is the Executive Vice President of the Canadian Home Builders' Association, a position he has held since 1985. Among other things, he is responsible for the development and implementation of policy recommendations, and interaction with senior public servants, elected officials at all levels of government, media, and other associations. In addition, he is Past President of the Canadian Society of Association Executives - BC Chapter, Vice-Chair of the Coalition of BC Businesses, and a member of the Building Safety Advisory Council to the Ministry of Municipal Affairs.



**Sean McEwen** - is a registered architect, specializing in design for the frail elderly. His projects include the Crossreach adult day centre in Kitsilano, Vancouver, and current work for the North Shore Regional Health Board on an expanded adult day care and seniors' medical clinic, based on the American PACE Concept (Program for All-inclusive Care for the Elderly). Sean is also a housing advocate with the Lower Mainland Network for Affordable Housing, an umbrella organization of non-profit housing providers, consultants and advocacy groups, which challenges government and the development industry to preserve and expand affordable housing stock in our region.

**Andrew Harmsworth** - is a principal in the firm Graham Harmsworth Lai & Associates Ltd. He is a P.Eng. and specialist in fire protection. He completed his B.Sc. in civil engineering in 1987 and is currently enrolled in a Master's program in fire protection engineering at the University of British Columbia. He has worked on numerous projects such as the Cassiar Connector, the University of Northern British Columbia, The Ford Centre for Performing Arts, YWCA's new hotel, and recreation facility buildings. He is also a Certified Professional currently responsible for Building Code compliance on the Crescent Gardens retirement community project, and has participated in and chaired committees involved in the Building Permit process and Building Code development.

**Gillian Watson-Donald** - is the principal of Watson-Donald Design and co-chair of the City of Vancouver Seniors' Advisory Committee. She has degrees in architecture and music, and has worked in the architectural field since graduating from the University of British Columbia School of Architecture in 1980. Working first as a partner in Watson-Donald Architect, she went on to work with various other firms in the city, finally forming her own firm, Watson-Donald Design, in 1992. She has been a selected member of the Seniors' Advisory Committee to Vancouver City Council since 1991, serving several years as Vice-Chair, as well as being Chair of the Housing Sub-committee. She was also an invited member of the City's Accessible and Usable Dwellings Project (AUDP.)

**Patrick Simpson** - is president of User Friendly Homes Ltd., a Vancouver company specializing in User Friendly residential design and construction. In 1987, Patrick developed Telosky Village in Maple Ridge - a housing project recognized as one of the landmarks of innovative housing design at the time. Since that time, he has become an advocate for accessibility and safety in new housing, and published an illustrated book in an effort to share his hands-on experience with both homeowners and builders. Patrick also contributed his expertise on the City of Vancouver's Accessible and Useable Dwellings Project committee.

## Panel Presentations

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### KEITH SASHAW

The following table attempts to put recent housing activity into some kind of perspective:

	Total Starts	Single Family	Multi-Family
1996 Total BC	25,000	10,310	14,434
Vancouver	15,453	5,072	10,381

In January, 1997, 62% of purchasers of new homes were first time buyers, as evidenced by the fact that they used the First Time Homebuyer Plan of CMHC.

Given the current climate of high land prices, increasing regulatory costs and size of relative market the industry has been driven by the affordable housing market, targeting the entry level family and single person.

Clearly, there is growing interest in the industry in the needs of the aging population. The industry recognizes that, given the competitive environment in which we are operating, any design or product that broadens the product appeal is of interest. The question is that of balancing the additional costs with housing affordability.

There is an ever-increasing range of products on the market that address the unique needs of the aging population.

The challenge is two-fold:

- educating the designer and the builder as to what products are out there; and,
- incorporating the product into the home in a way that does not scare off potential purchasers.

As an association, we are fully supportive of encouraging the industry to adopt new products, new designs and new technologies. It is our position however that it is not effective to require the mandatory adoption of new products or new designs through the heavy hand of regulations.

Changing building codes often have unforeseen consequences by either increasing the complexity and cost of construction or by changing the building environment.

It has been our position that code changes must evolve to meet the needs of the housing public and that to force changes to construction arbitrarily is not in the best interests of home buyers. For instance, we have been strong proponents of encouraging more energy efficient building practice through voluntary adoption of standards such as the R2000 Program, rather than code changes and new Energy Codes.

The industry is quite capable of meeting any requests for products or design. The key is to educate the builder about the opportunities that exist in incorporating these into their homes.

Concepts such as the User Friendly House are excellent in demonstrating to builders how new market segments can be addressed in a positive manner without affecting housing affordability.

## SEAN MCEWEN

New Directions in Health Care in the province of British Columbia has mandated that community-based services replace centralized regional facilities where appropriate. The project is an adult day care serving a client group with the average age of 82. The intent is that seniors who are becoming more frail and dependent are given the opportunity to remain in their own homes and not be institutionalized. The adult day care provides the support services that aging seniors require, and represents a considerable health care cost saving over institutionalization.

Seniors are picked up at home by Handi-Dart in the morning and are brought to the centre for physical therapy and exercise, social activities, arts and crafts, community outreach, and wellness programs. There are offices for a staff nurse and a social worker, and facilities for drop-in physical and occupational therapists, musical, and horticultural therapy professionals. There is an institutional-type tubroom for assisted bathing, and toilet rooms meeting standards for two-attendant assisted use. There is a hairdressing room and a treatment room for drop-in physicians and podiatrists to use. A small institutional kitchen provides meals served in a dining room. At the end of the day, Handi-Dart returns seniors to their own homes.

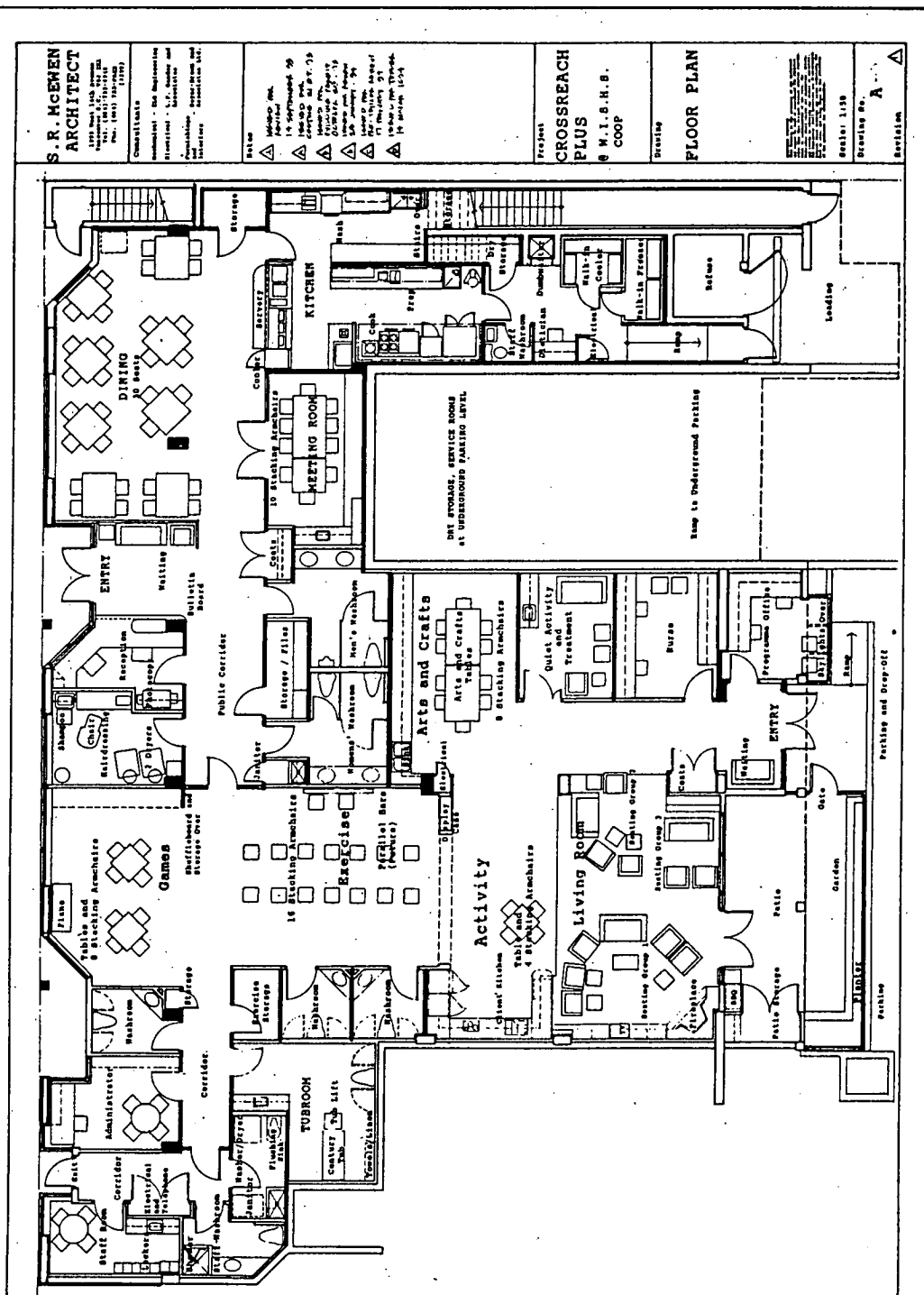
The day care is fully accessible and is also designed to evolve into a Alzheimer's centre to meet future community medical needs. It is equipped with a patients' wandering system, and interior colours, materials, and furnishings have been chosen with therapeutic needs in mind. Above all, the character of the interior has been designed as residential and welcoming in appearance and feel. Spaces are warm and well-lit, with a warm palette of paint and light-coloured wood. The decor is simple, restrained and traditional, featuring Arts and Crafts type door and window trims, wainscoting and coffered ceilings with cove trims - details reminiscent of the older homes in the area where the seniors themselves live.

The project represents a 6,250 square foot tenant improvement of ground floor shell space in a new apartment building on a main commercial arterial street. In response to City guidelines for storefront commercial space, day care activity areas were oriented to the sidewalk outside. The result creates a community identity for the centre.

The design program also represents a strong compression and editing of Health Ministry space standards for Multi-Level Care facilities. Design manual standards would call for approximately 9000 square feet to house the program installed here in about 1/3 less area. The space compression is achieved by having the spaces flow together as much as possible without hallways, and by building in storage cupboard systems. The Health Ministry has since directed other new Adult Day

Cares to study this design, in effect using this Day Care as a design program standard.

The construction budget for the tenant improvement interior, plus outdoor patio and garden was \$650,000 plus GST. The furnishings budget was \$50,000 plus GST.



## ANDREW HARMSWORTH

Constructing or renovating a building for use as a health care facility of any nature is a complicated endeavor, made even more so by conflicts and confusion between building codes, fire codes and health care regulations. Further complications occur with varying interpretations and the fact that such facilities are usually branded "hospitals." The building officials often perceive increased risk such that buildings receive a level of scrutiny by building departments often not seen for other projects. Demands for increased livability and concerns for making these facilities friendly, comfortable and likable places to live introduce many functional requirements that are not well addressed by the building code.

Further complications ensue where an existing building of a different use is being renovated, as code requirements are more onerous for health care facilities. Further, most existing buildings do not comply, either with the codes in place for health care facilities at their time of construction, or with current code requirements for health care facilities.

Graham Harmsworth Lai & Associates Ltd. is one of a number of companies who specialize in assisting architects, building designers, owners and operators in interpreting and applying building and fire codes and in developing equivalent methods of compliance when direct compliance with the code is not possible.

We at Graham Harmsworth Lai & Associates Ltd. have recently completed the Crescent Gardens project near White Rock, a four storey mixed residential (seniors) and multi-level health care facility. Our company held all negotiations with the City of Surrey Building Department and developed a number of equivalencies and alternate methods of compliance for the facility. We also expedited building permit issuance and performed field inspection through the Certified Professional Program. The Certified Professional Program is a program where an acknowledged expert in the building code hired by the owner performs drawing reviews and field reviews on behalf of the Building Department. As a result of this, permits are available much earlier, and your "building inspector" becomes part of the design team thus minimizing complications and concerns at later dates.

Fire protection engineering consultants can provide much invaluable assistance at all stages of the process including:

- assessing feasibility with respect to reuse of existing non-health care facilities for health care use;
- developing equivalencies or alternate approaches to building code compliance to resolve problems in existing buildings being converted, and provide greater functionality, greater visual openness and increased flexibility in the building design for both new and old facilities;

- providing assistance in negotiating and expediting building permits and occupancy permits or final approval from both the building and fire departments.

The most valuable of these services is probably the equivalency process. The building code acknowledges that it is not perfect and permits qualified persons to propose alternate methods of compliance provided that an equivalent level of performance and life safety is maintained. These equivalencies must be technically sound, documented and accepted by the Building Department.

Examples of equivalencies that were used on the Crescent Gardens project include: sprinkler protected glazing to permit a two-storey lobby to be visually open to both first and second floors, allowing the use of electromagnetic locks to provide security for the dementia facility, prohibited by the building code but required by the health care regulations, and permitting furniture in residential corridor lounges to enhance livability of the facility where the City of Surrey has an interpretation that the code prohibits furniture within these corridors.

Graham Harmsworth Lai & Associates Ltd. was also able to negotiate other solutions to specific building code problems resulting in reduced cost and increased functionality for the building owner/operator, Associated CPAC Senior Living Inc.

Graham Harmsworth Lai & Associates Ltd. have been involved in a number of other facilities of this nature over the years and believe we have provided invaluable assistance to every one of these facilities.

As building codes get more complex, the public demands for safety and accountability increase and with the dramatic increase in lawsuits over minor building deficiencies, the need for specialists in building code and fire safety issues can only increase. I would like to emphasize the importance of getting a fire protection engineer involved early in a project. Many major design issues such as building size, location of exits, size of exits are usually made before we are asked to get involved. Often by the time we are aboard these critical decisions have been made and corrections or fixes to what should have been simple issues can become time consuming and expensive.

## **GILLIAN WATSON-DONALD**

### **The seniors' experience - A time of loss**

Loss of health, loss of finances, loss of spouse, loss of friends and family.

Do we have to add loss of home and community to this list because the individual can no longer manage the stairs without assistance and is therefore forced to move to more appropriate housing?

### **A new trend in building - raising the accessibility bar**

A person should be able to age in an environment that offers them safety, security and comfort while leading a more independent life. We need to design our dwelling units so that they are usable by more people. The dwelling, not the person, should adapt to meet the individual needs.

### **The assumptions**

All dwellings and residential units should be more accessible and/ or adaptable. Raise the "accessibility gauge" up a few notches, not just for seniors and persons with disabilities, but for all types of housing.

### **Vancouver's accessible and usable dwellings project**

Vancouver City Council, and Council's Committees on Seniors and Disabilities expressed the concern that seniors and people with disabilities, who could otherwise live independently, were prevented from doing so because of the physical limitations of residential building design.

The solution: the Accessible and Usable Dwellings Project (AUDP) was formed. The AUDP included people from advocacy groups, the housing and development industry and various government and educational organizations.

### **The Criteria Committee**

**Question:** What design changes are needed to make residential development more adaptable to the needs of people with varied physical abilities?

- (a) The Performance Objectives Criteria Committee realized that criteria had to be flexible enough both to allow a designer to meet them in a variety of ways and to accommodate innovative solutions that are currently not anticipated - performance objectives rather than prescriptive solutions
- (b) Adaptable versus Accessible Features
- (c) The Minimum Accessible Area



### The Implementation Committee

Three key challenges are: consumer attitudes; industry attitudes; and the regulatory environment.

- (a) The choice: a voluntary or a mandatory system.
- (b) Implementation strategies.

The committee's decision was: performance standards and a voluntary system - but are they pragmatic?

## PATRICK SIMPSON

### *User Friendly: an affordable and versatile solution*

Many seniors dread the day when they're no longer able to stay in their own home? What will happen then? Currently there are one in nine Canadians over the age of 65; by the year 2030 there will be one in four.

It's known that people over the age of 65 years have the most accidents in the home, and children under the age of five years have the second most accidents. Seniors may consider the option of moving in with a family member, hiring home care or selling their home to enter a seniors community? But, with a few well-placed design and structural revisions it is possible for millions of Canadians to stay in their homes longer - a place they can continue to be comfortable, safe and independent. Surprisingly, these seamless modifications can be achieved for just a few hundred dollars during the home's initial construction. Preplanning is the key to the cost control of these common sense ideas.

We are not talking about wheelchair ramps or ugly metal rails in the bathroom, (mobility design has come a long way) but aesthetically pleasing and cleverly concealed ideas that will make ones life simpler and safer. User Friendly Homes' illustrated publication, *Building for Your Future*, written in easy to understand layman's terms, is a guide to simple yet effective design modifications from which every home can benefit. From widening doors and stairwells to removing sills in exterior doorways, it is possible to create an entire living environment made up of building solutions that will allow seniors, children and those with physical challenges to enjoy a safer, more independent lifestyle. The key element of this User Friendly program is that all the costs associated with these ideas are easily projected before the home is built. On average this program will only add one half of one percent to the total cost of the home's construction.

User Friendly Homes Ltd. has taken this idea one step further. User Friendly Homes Ltd. is building a demonstration home in Vancouver that will showcase these easy and affordable concepts. This home will clearly demonstrate just how simple these solutions can be. Scheduled to open in October 1999, the home will act as a professional training and public awareness center where guided, interactive tours will be available to the public as well as workshops to the real estate, building, healthcare and architectural professions. In step with both federal and provincial programs on seniors housing initiatives, this venture is supported by BC's Ministry of Housing, BC Hydro's Power Smart Program, BC Gas, The City of Vancouver, and over one hundred corporate and local business sponsors as well as the Canadian Home Builders Association.

If we are truly going to get housing to change for the betterment of our whole community, we have to make it a value-added feature for the homeowner. A home needs to be able to inexpensively change to suit the occupant's needs while providing them with both safety and independence by design. A main theme of this program is the idea that: "all people should be able to live in a normal home in a normal neighbourhood, and not be forced to live in a disabled or seniors labeled house which is isolated from the larger community simply because they can not get in through a standard home's front door."

#### **The User Friendly Check-List ©**

- All exterior thresholds are flush
- Interior thresholds meet minimal code constraints
- Bath & shower controls off set from centre
- Pressure/temperature control valves on faucets
- 2 x 12 blocking in all washroom facilities
- Waste pipes brought in at 12" from floor level
- Cabinets underneath sinks removable
- Doors are a minimum of 34" & should ideally be 36"
- Hallways and stairways are a minimum of 42" in width
- Light switches 42" floor to centre
- Receptacles 18" floor to centre
- Receptacles placed as follows:
  - a) beside windows (especially where 'draperies' may be installed)
  - b) top & bottom of stairways
  - c) beside the water closet
  - d) above external doors (outside & inside)
  - e) on counter front face of kitchen
  - f) at node zero location
- Larger grey electrical boxes utilized
- Four-plex receptacles in master bedroom, home office, garage, and recreation room
- Level 5 (4 pair) telephone pre-wire to all areas returning to Node Zero
- RG-6 coaxial cable runs returning to Node Zero
- All low-voltage runs returning to Node Zero
- Either an allowance made for elevator in stacked closets, or an allowance made for wider stairway.